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1) DEUTSCH, C.F.
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XVIII 6

DE

GRAVIDITATE ABDOMINALI, SINGULARI OBSERVATIONE AD TAB. IV. AENEAS ILLUSTRATA,

CUM

QUIBUSDAM AD HISTORIAM LITTERARIAM ADDITAMENTIS, HUC FACIENTIBUS,

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CONSENSU

ILLUSTRIS MEDICORUM ORDINIS

IN ALMA FRIDERICIANA

PRO

SUMMIS IN MEDICINA ET CHIRURGIA HONORIBUS,

SOLEMNITER CAPESSENDIS,

DIE X. NOVEMBR. M. DCC. XCII,

PUBLICE DISSERET

CHRIST. FRIDERICUS DEUTSCH,

FRANCOFURTO - MESOMARCHICUS.

HALAE,

LITTERIS FRID. GUIL. MICHAELIS.

MEDICAL ... Establ. 1773 CHANDOS ST. CAVENDISH

VIRO

PERILLUSTRI AC GENEROSISSIMO,

DOMINO

CAR. CHRISTOPHORO DE HOFFMANN,

ACADEMIAE FRIDERICIANAE CANCELLARIO,

AUGUSTISSIMO BORUSSORUM REGI A CONSILIIS INTIMIS,

SERENISSIMO PRINCIPI BORUSSORUM

HENRICO

A REGIMINE CURIAE, QUAE RES CAMERALES DIRIGIT, DYNASTAE

IN DIESKAU ET BRUCKDORF,

PATRONO ET MAECENATI

SUO LONGE GRATIOSISSIMO:

NEC NON

VIRO

ILLUSTRISSIMO, EXCELLENTISSIMO,

DOCTISSIMO,

DOMINO

PHILIPPO FRIDERICO MECKEL,

MED. DOCT. PROF. PUBL. ORDIN. IN ACADEM. FRIDER.
INSTIT. REG. CLINICI CHIRURG. DIRECTORI, CIRCUL. SALIC.
ET COMIT. MANSFELD. PHYSICO.

FAUTORI, PRAECEPTORI ET PROMOTORI

SUMME VENERANDO:

ITEM

VIRO

ILLUSTRISSIMO, PRAENOBILISSIMO,

DOMINO

CHRIST. WILH. DEUTSCH,

REGI BORUSSIAE A CONSILIIS BELLICIS,

DYNASTAE IN GRAVENTIN, LEISSEN, PIESKEIM, GOERNEN ET VONDITTEN,

PATRUO DILECTISSIMO,

OMNI PIETATE SEMPER COLENDO:

DEMUM

§. I.

Quod colluſtratio Pictori, quod harmonia Muſico, id verba ſunt cogitanti: Quo accuratior itaque ſum in eligendis verbis, ne ideas diverſas eodem nomine deſignem; eo minus, erroneum percipiendi occaſio orietur. Praecipue meum eſt, ita exacte agere, ſi agam, de materia, quae ipſa ima adhuc nocte ſepulta eſt, de qua adeo Hallerus [a]) dicit: difficillimum aggredior laborem et exitum vix promitto, qui lectori ſatisfaciat. Galenus [b]) itaque quam maxime vere loquitur, dum ſcribit: Tametſi exile videatur, nominum ſignificatu probe diſtinguere, attamen maximum habere momentum et facultatem ad rerum cognitionem deprehenditur.

§. II.

Multi jam antea intellexere, denominationem conceptionis abdominalis in Ideam non quadrare, quam huic conjunctam eſſe volumus; itaque verba alia elegerunt. Bianchi [c]) uſus eſt verbo graviditatis loco verbi conceptionis. Josephi [d]) receptionis et alii, uti amicus Weinknecht [e]), quia et haec non ſatis electa illis erant, antiquum nomen retinuere. Quod me attinet, videntur mihi hoc caſu duo verba una pro actione in uſum vocata fuiſſe. Primo, a parte mulieris, conceptio nil aliud poteſt ſignificare, niſi foecundantis ſeminis virilis acceptionem [f]), fortaſſe ut mulier in procreando novo homine magis agens, quam ſolummodo patiens, denotaretur. Et ipſe Galenus [g]) forſan ad hoc intendere volui his verbis: immo etiam mihi hoc ipſum, quod dicunt, concipere ſemen, et nomen hoc, conceptio, id eſt, comprehenſio a mulieribus fuiſſe

[a]) Phyſiol. T. VIII. p. 1.

[b]) De ſimpl. med. facult. 3. 12.

[c]) De naturali in h. c. vitioſa morboſaque generatione. Genevae 1741. 8.

[d]) De conceptione abdominali vulgo ſic dicta. Goett. 1784. 4.

[e]) In Diſſert. de conceptione extra uterina. 1791. 4. Halae.

[f]) Cf. Boehmer obſ. anat. rar. p. 29. §. 2. Conceptio quum in genere ovi denotet foecundationem, ita humana in ſpecie illum indicat actum, quo ovum humanum foecundum redditur.

[g]) De ſem. lib. 1. c. 2. B.

fuiſſe impoſitum videtur. Secundum, quod in mente habeo, nomen foecundatio viri contra actionem denotat. Utraque ſimul ſumpta nil aliud offerunt, niſi momentum, quo animans ſemen virile uterum pervadit, atque a tubis ad ovarium promovetur, ut germen futuri homunculi e ſomno ſuo excitet ipſumque in locum, incremento ſuo dicatum, ducatur. Triplicem hic videmus actionem: foecundationem a mare, conceptionem a feminae tubis et ovario, quarum conſequentia generatio eſt [h]). Sic vir foecundat; mulier concipit; generato inde novo individuo, oritur nova periodus receptionis. Ovarium (ubi tamen magis retentio denominari deberet) aut tubae aut uterus aut denique abdomen in ſuis cavis ovulum foecundatum recipiunt idque in majorem perfectionem excolunt, ſecundum leges nobis ignotas et per vires easque non ſatis compertas (vim forſan plaſticam, Bildungstrieb). Inde periodus nova naſcitur: illa graviditatis. Hinc conceptio nec abdominalis nec tubaria nec etiam uterina datur, ſed ovario unice reſervatur, non cum ejus graviditate confundenda. Mallem itaque, cum Bianchi [i]) ibi nomine graviditatis uti, ubi huc usque quisque nomen conceptionis adhibuit, at nomini huic ſolummodo attributam definitam et ſupra laudatam virtutem adſcribere. Etiam Baudelocquius [k]) probat uſum hunc loquendi dicens: Unter Schwangerſchaft verſteht man den Zuſtand, worin ſich eine Frau, wenn ſie empfangen hat, befindet, und welcher von dem erſten Augenblick der Empfängniſs bis zur Geburt dauert. Si tibi haec denominatio nimis ampla et generalis videatur; nimis nova vero et ſingularis ea, quam receptionem dixi, magis forſan placet nomen incubationis: hoc enim quaſi naturam magis activam, verbum vero graviditatis paſſivam magis depingit. Incubatio itaque eſſet aſſervatio, efformatio et nutritio foecundati ovuli. Plinius, Columella et Varro quidem nomine hoc ſolummodo de pullis avium et apum uſi ſunt, ſed mea ſententia non minus id aptum invenio ad deſignandam nutritionem et perfectionem ovuli humani, quam pullorum, immo etiam diſtinctius et preſſius loqueris hoc vocabulo utens, quam alio quocunque.

§. III.

[h]) Cf. Bianchi de naturali in h. c. vitioſa morboſaque generatione. Genevae 1741. 8. p. 6. Generatio actio eſt, qua corpus organicum, propria adhuc vita deſtitutum, et alio jam vivente incluſum, ab eodem ſolvitur atque explicatur, ut motus vitae proprios exerceat.

[i]) L. c. pag. 6.

[k]) In libro de Arte obſtetricia, edito cura Cl. Meckelii Praeceptoris, dum vivo, venerandi. T. I. p. 247.

§. III.

Diverſas de conceptione hypotheſes miſſas facio: plura de hac re invenies in Halleri Elem. Phyſ. et alibi.

§. IV.

Diviſio graviditatis in naturalem ſ. uterinam et praeternaturalem ſ. extra-uterinam ejusque explicatio notiores ſunt, quam ut ex ſcriptis aliorum allegentur. Praecipue evolvantur ſcripta Cl. Boehmeri, Josephi, Weinknechtii. Triplici poſita diverſa graviditate praeternaturali, ſcilicet illa ovariorum, tubarum et abdominis, de ultima dicere conſtitui.

§. V.

Nova et inaudita circa rem, plurimis exemplis comprobatam, qualis graviditas abdominalis eſt, hic nemo exſpectabit. Occaſione tantum, a Praeceptore ſumma pietate colendo, oblata utor, quatenus caſum, a Beato ejus Patre obſervatum, exacte tam deſcriptione quam typis a natura deſumptis notatum, cujus monumentum adhuc inter praeparata Filii aſſervatur et a corruptione defenditur, in hoc libello publici juris facio; collectis ſimul hinc illinc ſparſis ad rem facientibus obſervationibus; additis quoque his illisve circa diagnoſin et exitum nec non therapiam mali; perſtricta demum breviter ſectione caeſarea ad ſervandam foetus vel matris vitam, omnino nonnunquam impetrandam.

§. VI.

OBSERVATIO.

Promiſſis ut ſatisfaciam, praeprimis Obſervationem, a B. Meckelio calamo exceptam, trado.

HISTORIA MORBI.

Anna Barbara Kannerken, quadraginta annos nata, militis ex cohorte equeſtri uxor, plurium jam antea infantum mater, undecimo ante obitum ſuum menſe, ſigna graviditatis ab irritatione nervorum, qualia primis geſtationis temporibus plurimis gravidis ſubvenire ſolent, nauſeam nempe, vomitum &c. percepit, menſtruis tamen adhuc, quamvis parce, fluentibus. Primum graviditatis ſuae tempus Stettini degerat, ubi militiae Cohors iſta, ex cujus numero maritus erat, praeſidia ſua ſtatica habuit; ultimis

 tantum

tantum menſibus graviditatis ac vitae ſuae, morbo et corporis ſui oneroſa debilitate Berolini detenta, iter ſuum ad maritum in caſtra interrumpere cogebatur. Quae durante graviditate ipſi acciderint, ſecundum litteras, ab amico eximie docto, et practico, dum vixit, feliciſſimo Stettinenſi, Rhades, ſub 16. Martii A. 1759 datas, eo redeunt: miſeram amicis ſaepius triſtem graviditatis ſuae ſtatum ploraſſe, ſenſumque plane diverſum a praecedentibus graviditatibus ſe percipere atque hinc certiſſime ſibi moriendum fore, doluiſſe. Molem infantis, motu ſuo perquam moleſti et abdomen, ultra naturales terminos expandentis, ulterius ſe ſuſtinere non poſſe, aſſeruit. Tempore graviditatis quartana febre laboraverat, qua a cohortis chirurgo curata, cachecticum habitum cum pedum oedematoſo tumore ſervavit. Appropinquante nono graviditatis menſe, obſtetrices ad ſe plures acceſivit, quae tamen miſeram fatis ſuis reliquere cum triſti effato, nullam ad partum in uterino ore diſpoſitionem, nullam praeparationem nullaque ſigna partus inveniri. His non obſtantibus iter ad maritum aggreſſa eſt; hoc tamen Stettino inde ad caſtra integrum abſolvere non valens, Berolini remanſit, oedemate pedum, tumore abdominis aſcitico et febre lenta laborans. In Noſocomium, a Charitate dictum, delata, edixit: Se undecimum graviditatis menſem agere; abdominis vero tumorem Stettini adeo ſibi auctum atque moleſtiſſimum factum fuiſſe, ut nec convertere ſeſe in lecto, nec niſi faſciis molem ventris ſuſtinere potuerit. Nullam ſe, toto graviditatis tempore, praeter molem abdominis auctam ac motus infantis, externe ſentiendi, ac per integumenta abdominis ex tumoribus inſignibus conſpiciendi mutationem ſenſiſſe; motum vero ipſum ſex vel ſeptem ſeptimanas ante ingreſſum in noſocomium Berolinenſe ceſſaſſe. Uteri orificium exploranti nullum graviditatis ſignum praebuit. Septimo ab ingreſſu in noſocomium die, ob ſuffocationis metum, ad educendam ex abdomine aquam paracentheſis inſtituta eſt, cujus ope viginti ſeptem librae fluidi foetidiſſimi atro-fuſci eductae fuerunt. Solatium quidem ex ſymptomatis antedicti per paracentheſin levamine habuit aegra; ſed cauſſa morbi obſcura aeque ac intacta remanente, ſexto a paracentheſi die, lenta febre, vires vitae magis magisque depaſcente, vitam cum morte mutavit, ejusque cadaver inſequente die, quae erat 18va Menſis Novembris anni 1758, ad theatrum Anatomicum Berolinenſe delatum fuit.

§. VII.

§. VII.

SECTIO CADAVERIS ET EXPOSITIO EORUM, QUAE PER VARIAS ANATOMICAS ADMINISTRATIONES NOTATU DIGNA SESE MANIFESTARUNT ET TABULARUM AENEARUM OPE IN FINE LIBELLI NOTANTUR.

Venter defunctae noſtrae turgidus in ſiniſtro latere durum corpus continebat, extus facile tactu dignoſcendum. Aperto abdomine, per vulnus nunc inflictum octo librae liquidi ſanguinolenti effluxere, aëre ſimul per idem erumpente, quem putredo et ſub paracentheſi abdominis incedens aër generaverant. Muſculis abdominalibus cum peritonaeo ſectione cruciata remotis [l]) mirando ſane ſpectaculo apparuit foetus [m]), transverſim in cavitate abdominis ſitus, ita ut capite [n]) ſiniſtram, natibus [o]) vero dextram abdominis regionem Iliacam, muſculis clauſam, tangeret. Explevit ſimul omnem abdominis cavitatem ab epigaſtrio inde ad usque tumorem ovarii dextri [p]), inferius extra pelvim in abdominis cavum protuberantem ac hypogaſtrium verſus dextram imprimis expandentem. Nullum viſcus praeter hepar, cum peritonaeo, admodum inſpiſſato, tam in regione epigaſtrica, quam ſub diaphragmate cohaerens, margine ejus acuto a dextro ad ſiniſtrum lobum, absque fiſſura umbilicali continuo viſui ſeſe obtulit [q]); inteſtini jejuni pars [r]) ac inteſtini Coli partis in flexu Lienali [s]) portio tantum conſpici poterat. Inferius apparebat inteſtini recti portiuncula [t]) a tumore ovarii extrorſum ſiniſtram verſus preſſa. Superior inteſtini coli pars ſphacelo defoedata, Jejunum vero praeter modum tumens et ſubſtantia ſua incraſſatis parietibus inſigne erat. Foetus ipſius caput magnum erat, molle ac hydrocephalo externo ſimile; cutis ejus laxa et plurimis plicis, liquido ſeroſo turgidis, foedata [u]) pro-

fundior

[l]) Fig. I. Litt. AA. BB.

[m]) Fig. I. Litt. G ad W.

[n]) Fig. I. Litt. G. I. K. L. M.

[o]) Fig. I. Litt. R. et S.

[p]) Fig. I. Litt. Z. Z.

[q]) Fig. I. Litt. C.

[r]) Fig. I Litt. D. D.

[s]) Fig. I. Litt. E. E.

[t]) Fig. I. Litt. F.

[u]) Fig. I. Litt. G. H. I. K. L. M.

fundior horum ſulcorum frontem a facie ſeparatam quaſi ſimulabat [x]). Eadem ratione dorſi cutis craſſa, plicata ac ſebo albo hinc inde obducta erat, adeo laxe circa oſſa trunci ac dorſi haerebat, ut haec per craſſam cutem vix tangi potuerint. Facies foetus tumida inferiora verſus ſpectabat et ſiniſtri oſſis Ilium cavitatem explebat. Pectus et abdomen foetus [y]) ovarii tumori immediate accumbebant. A ſcapula dextra [z]) deſcendens humerus dexter [a]) ſuperiori parti tumoris ab ovario effecti anterius transverſim adjacebat, antibrachio et manu ejusdem lateris tumoris hujus dextrae regioni appoſitis. Femur dextrum [b]) a nate ſua collapſa et plicata [c]) oblique introrſum verſus abdomen flectebatur. Inter hos artus funiculus umbilicalis, ex foetus abdomine egreſſus, retro thoracem et caput foetus procedens, in ſiniſtro latere, inter foetus caput et inteſtinum rectum conſpicuus [d]) inde vero pone ovarii tumorem continuus femur inter et manum dextram apparuit [e]). Craſſitudine hic funiculus naturalem pene ſuperabat, ſubſtantiae vero et coloris erat a naturali non diverſi. Inter manum et femur foetus dextrum membrana ſe obtulit, armillae in modum carpum dextrum obvolvens, irregulariter plicata, chorio non abſimilis, peritonaeo agglutinata eis in locis, quae in dextra et ſuperiori peritonaei parte conſpiciuntur [f]). Foetus natium dextra [g]), antrorſum eminens, ſanguineo liquido turgidam obtulit ab epidermide effectam veſicam. Epidermis variis in locis e. g. abdomine, dorſo, manu [h]) ſeparata conſpiciebatur. Superficiei vero cutis foetus variis in locis inſperſae apparebant pinguedinis portiunculae [i]) a portiunculis [k]) membranae chorii ſimilibus plane diverſae.

§. VIII.

[x]) Fig. I. Litt. K.

[y]) Fig. I. Litt. V. U.

[z]) Fig. I. Litt. O.

[a]) Fig. I. Litt. W.

[b]) Fig. I. Litt. T.

[c]) Fig. I. Litt. S.

[d]) Fig. I. Litt. X.

[e]) Fig. I. Litt. Y. Y.

[f]) Fig. I. Litt. d. a. a.

[g]) Fig. I. Litt. G.

[h]) Fig. I. Litt. f. f.

[i]) Fig. I. Litt. e. e.

[k]) Fig. I. Litt. c.

§. VIII.

Sub foetu pelvim verſus, ab umbilicalis regionis infima parte inde totum hypogaſtrium opplens apparuit, magis tamen in dextrum quam in ſiniſtrum latus inclinatus, ex pelvi eminens tumor rotundus, ſpecie carnoſus, mollis, coloris atro-rubentis [l]); vaſis albedine ſeſe diſtinguentibus [m]), membrana glabra et laevi una cum tota tumoris ſuperficie obductis, in ſuperficie externa pictus et obtectus erat. Omnem hic ſub foetu abdominis cavitatem opplebat, ut praeter illum nulla alia pars in conſpectum prodire potuerit. Ipſi tumori ut et peritonaei ſuperficiei ſpiſſa, alba, purulenta omnino materies, facile ſeparabilis adhaerebat [n]). Moleſtus hic omnino tumor feminae, dum adhuc inter vivas erat, difficili mantilium faſciarumque ope ſuſtineri potuerat; dextram verſus, uti nunc, ſic durante vita inclinabatur.

§. IX.

Dimoto paullum et ſublevato tumore ovarii, pes dexter, femori (Fig. I. Litt. T.) continuus una cum crure compreſſus, retro tumorem ita ſitus erat, ut calcaneus criſtam oſſis ilium dextri adtingeret, digitis pedis extrorſum directis, planta vero antrorſum verſus tumorem converſa, uti in foetu ex ſitu ſuo dimoto, pedis haec dextri incurvatio in Figura ſecunda apparet. Praeter hanc incurvationem, quam tumor ovarii preſſione ſua effecerat, tantam ſimul effecit totius extremitatis diſtorſionem, ut genu extrorſum, ſura vero introrſum converſa fuerit. Circa femur hoc dextrum funiculus umbilicalis [o]) ita convolutus fuit, ut ab hoc inde loco tumorem ovarii, cui implantabatur, adiret. Pes alter, ſiniſter, levato paullulum foetu, ſupra primum eum obtinuerat ſitum, ut planta antrorſum, genu verſus hepar inter inteſtina poneretur, digitis verſus inferiora, calcaneo ſurſum, ſura vero antrorſum vergente.

Bracchium ſiniſtrum foetus ſub abdomine ejus inter matris inteſtina ita delituit, ut palma manus verſus foetus corpus reſpiciens genitalia et anum tangeret, dorſo ejus matris inteſtinis accumbente, digitis hujus manus ſurae ſiniſtri pedis obverſis. Funis vero umbilicalis, ex foetus abdomine egreſſus, trans meſenterium et inteſtina matris ſiniſtrorſum ductus

[l]) Fig. I. Litt. Z. Z.

[m]) Fig. I. Litt. G. G.

[n]) Non immerito judicamus, hanc fuiſſe cruſtam ſic dictam inflammatoriam, lympham inſpiſſatam, quae et e peritonaeo, inflammatione correpto, incraſſato exſudaverat.

[o]) Fig. I. Litt. Y. Y.

ctus ac juxta manum ſiniſtram verſus dextrum pedem reflexus, dextrorſum ultimo vergit. Remoto ex ſitu ſuo foetu, funiculi umbilicalis craſſities naturalis, longitudo quindecim pollicum apparebat; in tumorem praeternaturalem ita ferebatur, ut initio et apici magni tumoris ejusque ſuperficiei ſuperiori adhaereret et dextrorſum quidem, uti per Fig. ſecundam patet.

§. X.

Inteſtina tenuia matris (Fig. II. Litt. E. F.) magis conſpicua, compreſſa retro foetum jacebant, in tunicis ſuis maxime ratione ſubſtantiae, incraſſata. Colon transverſum [p]) a dextris ſub hepate ſiniſtrorſum lienem verſus pergens, peritonaeo per ligamenta praeternaturalia adhaerebat. Magis tamen naturali colore colon, cum inteſtinis tenuibus ſupra foetum ſitis gaudebat; illis contra, quibus incumbebat foetus, nigro ſphaceli colore defoedatis. Tumore ovarii ſublevato ac a dextris reclinato, inteſtinum vermiforme [q]) illi adhaeſit; coeco inteſtino [r]), cui genu foetus dextrum ſuperimpoſitum fuerat, ſub inteſtino tenui in hac regione emergente.

§. XI.

Hactenus dicta quum absque ullo adminiculo anatomico praeter diſſectionem parietis abdominis anterioris, perluſtrari potuerint, nil ultro actum fuit; cera tunc vero rubra arteriae matris, viridi vero ejusdem venae per artem turgidae factae ſunt; eaque repletio vaſorum utriusque generis poſtquam votis ceſſerat, diſſectionis ope in vaſorum diſtributionem et reliquarum tam naturalium quam praeternaturalium partium habitum inquiſitum eſt. Sequentia tunc ſeſe obtulere: Uteri ſtatus cum hucdum in totum latuerit, is primus inquiſitionis fons evaſit. Apparuit autem naturalis figurae et magnitudinis [s]) a tumore ovarii in pelvis fundum ſiniſtrorſum depreſſus. Structura ejus, nequaquam ita mutata, uti in graviditate accidere ſolet, ſatis ſuperque docebat, nullum illi cum hoc foetu, durante graviditate, commercium fuiſſe. Corporis enim ejus cavitas triangularis, vix globoſa, a naturali feminae, quae partus jam, uti noſtra, plures edidit, plane non differebat, uti per Fig. IV. Litt. A. optime patet, fundo ejus [t]), inter tubas [u]) leviter, uti ſolet, convexo, ſuper-

[p]) Fig. II. Litt. K. K.

[q]) Fig. II. Litt. e.

[r]) Fig. II. Litt. H.

[s]) Fig. III. Litt. F. G. H. praeſertim vero. Fig. IV. Litt. A. Fig. V. Litt. A. B. C. D.

[t]) Eig. IV. Litt. δ. δ.

[u]) Fig. IV. Litt. D. B.

ſuperficie anteriori [x]) magis prominente, ſuperficie poſteriori vero concava [y]) et incurvata a preſſione tumoris adjacentis ovarii. Cervix uteri elongata ac cylindrum, magis quam in ſtatu naturali compreſſum, referens [z]) inter veſicam urinariam [a]) et inteſtinum rectum [b]) retrorſum oblique ab utero deſcendit, orificio parum prominente, a partubus praegreſſis dilatato [c]), in vaginam aperto. Ipſa vagina [d]) a partubus praegreſſis expanſa, intus rugis fere omnibus deſtituta ac explanata, ſuperne in vicinia locum obtulit, cicatricis habitum prae ſe ferentem [e]), ſecundarium quaſi uteri minus orificium mentientem. Subſtantia uteri, in fundo craſſior [f]), firma, vaſis ſanguiferis pertexta, in latere corporis uteri ejusdem habitus, ſuperne craſſior ac plurimis vaſis inſtructa, inferius verſus collum denſior et magis ſtipata [g]), tenuior circa tubum Fallopianae tubae, ex utero verſus ovarium dextrum continuata [h]), cavum uteri triangulare [i]) magnitudinis naturalis et minime a graviditate dilatatum, incluſit. Ex hoc cavo procedebat anguſtiori orificio [k]), alveo dein latiori [l]), tubae dextrae canalis, ſubſtantia craſſiori inſtructus et ad ovarium dilatatum [m]) protractus ejusque ſubſtantia fibris ſuis agglutinatus quaſi, in loco, Litt. P. Fig. V. notato, *deſiit.* Cavitas cervicis vero tubum longiorem, cylindrum compreſſum referentem, uteri cavitatem, longitudine ſuperantem, uteri cavum verſus, ubi orificium uteri internum ab

Anato-

[x]) Fig. III. Litt. F. Fig. IV. Litt. A.

[y]) Fig. III. Litt. G.

[z]) Fig. III. Litt. K. L. Fig. IV. Litt. B. Fig. V. Litt. F. G. K. L.

[a]) Fig. III. Litt. R. Fig. IV. Litt. q.

[b]) Fig. III. Litt. T.

[c]) Fig. IV. Litt. C. Fig. V. Litt. a.

[d]) Fig. III. Litt. M. Fig. IV. Litt. r. Fig. V. Litt. M.

[e]) Fig. IV. Litt. t.

[f]) Fig. V. Litt. A.

[g]) Fig. V. Litt. D. D.

[h]) Fig. V. Litt. O. O.

[i]) Fig. V. Litt. H. J.

[k]) Fig. V. Litt. C.

[l]) Fig. V. Litt. d.

[m]) Fig. V. Litt. Q.

Anatomicis ſtatuitur, anguſtiorem [n]) inferius verſus orificium uteri externum magis dilatatum [o]) ellypticum, effecit. Ejus facies interna, ut in ſtatu non impraegnato, rugoſa erat [p]). Efficiebat eum vero ſubſtantia denſa, illam uteri firmitate ſuperans, calloſa quaſi, ac albeſcens [q]). Ipſa vagina, ex partubus praegreſſis ampliter dilatata ac membranacea facta fuit [r]), partibus ejus externis, quae veſtibulum efficiunt, aeque laxis ac extenſis [s]). Ovarium ſiniſtrum [t]) cum tuba Fallopii hujus lateris [u]) ac vaſis has partes adeuntibus [x]) a naturali ſtatu non deflexit, niſi eo, quod ovarium in teretem magis figuram elongatum, et dilatatis magis et plexuoſis venis ornaretur.

§. XII.

Per disquiſitionem partium hucdum factam elucebat, non tantas earum fuiſſe mutationes, quantae in tumore, prae reliquis oculos feriente, adhuc exſpectari poterant. Maxima hinc cura tam in tumoris hujus, quam in vaſorum eum adeuntium ex eoque prodeuntium habitum, naturam et diſtributionem animum et oculos convertere, cum rei dignitate conveniebat. Habes hinc recenſionem eorum, quae circa tumorem didicimus.

Eum revera ab ovario dextro dilatato effectum, non vero tubam hujus lateris eſſe, patet ex ſequentibus: Tuba Fallopii dextra [y]) ex ſinu cavitatis uteri dextro exiens, incurvato tractu verſus tumorem producta fuit, ſuperficiei tumoris inferiori [z]), ſupra plexum vaſorum ſpermaticorum, ad ovarium pergentium, admodum dilatatorum [a]) agglutinata. Immiſſo ab orificio uterino hujus tubae inde ſtilo argenteo, emerſit, poſtquam per duorum

[n]) Fig. V. Litt. I.

[o]) Fig. V. Litt. a. a.

[p]) Fig. V. Litt. K. K. L. L.

[q]) Fig. V. Litt. F. F. G. G.

[r]) Fig. IV. Litt. s. s. Fig. V. Litt. b.

[s]) Fig. IV. Litt. v. w. x. y.

[t]) Fig. IV. Litt. γ.

[u]) Fig. IV. Litt. β.

[x]) Fig. IV. Litt. ε. ζ η. ϑ. ι.

[y]) Fig. IV. Litt. D. Fig. V. Litt. c. d.

[z]) Fig. IV. Litt. E.

[a]) Fig. IV. Litt. Δ. E. Z. H. Θ. I. K. Fig. III. Litt. ο. π. ρ. σ. ι.

rum circiter pollicum longitudinem tubae cavum permeaverat, prope tumorem in abdominis cavum, oſtio hoc abdominali anguſtiori, quam juxta naturam eſſe conſuevit et laciniis deſtituto ideo apparente, quoniam diſtractus et compreſſus admodum a tumore ovarii omnis tubae canalis fuit. Fiſſa ſupra ſtilum argenteum per omnem longitudinem ſuam tuba, hujus tunicas vaſis refertiſſimas vidimus et ſimul diſtracta et concreta admodum apparuit ea peritonaei duplicatura, quae a ſimilitudine alae veſpertilionum nomen nacta eſt. Sub eo loco uteri, e quo tuba emergebat, magis ac ſolet, verſus uteri poſteriorem ſuperficiem et aliqua ſub tubae exitu diſtantia, exiit ligamentum ovarii uterinum [b]), ad ipſum tumorem continuavit et ſupra partem ipſius utero proximam expanſum fuit ita, ut ſub eodem maxima vaſorum uterinorum et ſpermaticorum retia habitarent, uti perluſtrando hunc Tabulae tertiae locum elucet. Nullum hinc dubium in determinando pro tumido ovario, tumore noſtro.

§. XIII.

Perquiſitionem tumidi hujus ovarii a membranis eum obvolventibus incepimus vidimusque eum peritonaei tunica obductum, quae a ligamento uteri lato dextro et ab ala veſpertilionum ejusdem lateris ortum duxerat. Conſpicuum hoc in inferiori praeſertim expanſi ovarii parte peritonaeum tum ſupra [c]) tum infra vaſorum ovarii plexus [d]) panſum, a poſteriori ovarii facie ad inteſtinum rectum pergebat eo in loco, ubi Douglaſſii plica uterum inter et inteſtinum rectum a peritonaeo effici ſolet. In ſuperiori et anteriori ſui parte laxe imponebatur tumori et cum eo cohaeſit lacera placentae membrana [e]), ſupra vaſorum umbilicalium ramificationes [f]) expanſa; exinde vero ſupra et retro tumorem ferebatur, uti per Litt. U. U. Fig. IIItiae patet, ita ut ſupra venam cavam et arteriam aortam, ſub exitu arteriae meſaraicae inferioris celluloſae ope adhaereret, ita tamen, ut membranam peculiarem ruptam, a peritonaeo facile ſeparabilem, diſtinguere potueris. Tentata ultro haec membrana, a margine ejus (in F. Fig. IV.) inde lacero et replicato ad usque partem cum peritonaeo commixtam, absque difficultate in duas laminas, quarum utraque tenax ſatis et opaca, quamvis tenuis, celluloſae tenerioris et ſiccae ope junctas,

[b]) Fig. III. Litt. E.

[c]) Fig. IV. Litt. S.

[d]) Fig. IV. Litt. T.

[e]) Fig. IV. Litt. F. F.

[f]) Fig. III. Litt. G. H.

ctas, ſeparari potuit; ſuperiorem, abdomini obverſam, membranae amnios ſimilem, ad funiculum umbilicalem et ſupra eundem pergens, inferiorem vero, chorio ſimilem, adhaerentem ovarii membranae craſſiori, ipſam ejus ſubſtantiam obvolventem et plurimis villis vaſculoſis in ovarium ipſum continuam. Teſtari omnino videtur hic membranarum habitus, eas primum foetus domicilium, in naturali ovo ex membranis chorii et amnios effectum, fuiſſe; quae una cum liquore amnii foetum, in ovario recluſum continebant; donec hic mole auctus et vi motrice majori praeditus, ipſe membranas has dilaceraret et ex ovo elapſus, inter inteſtina translocaretur.

§. XIV.

Sub hiſce membranis tumorem efficiebat maſſa denſa, rufeſcens, celluloſis fibris vaſculoſisque villis intertexta, ſanguini effuſo coagulato ſimilis, jam in lamellas polypoſas, quales aneurysmatum ſaccos replere ſolent, concreta; ad candelam facile combuſtibilis erat, non vero olei inſtar flagrans, ſed in flamma ſe tantum initio conſtringens, hinc urens, ac ultimo carbonem formans, cum odore ſanguinis coagulati combuſti. In medio tumoris colorem ſuum coccineum ſervaverat cruor; ut, effuſum in celluloſam ovarii ſanguinem et ſerum denſatum, totam hanc maſſam fuiſſe, ſatis appareret. Ex hac maſſa vaſorum umbilicalium extremitates tenuem lympham ſuctione et forte etiam anaſtomoſi vaſorum eorundem cum illis membranae ovarii externae, in ſe receptam, per funiculi venoſum truncum foetui tradiderunt.

§. XV.

Vaſa hinc plurima, eaque inſigniter dilatata, tum a ſpermaticis, tum uterinis vaſis, ovarium hoc praeternaturaliter auctum adierunt. A r t e r i a enim ſ p e r m a t i c a d e x t r a i n t e r n a duplex, ſuperior et inferior: ex aortae trunco exiit ſuperior[g]) ab ortu ſuo ex aortae trunco ſub renali arteria dextra, ac retro venam cavam transverſim ducta, circa venam renalem dextram flexa emerſit, et tractu ſerpentino, comite vena ſpermatica ſuperiori minori, ex vena cava orta, trans venam ſpermaticam dextram deſcendit, atque introrſum verſus ovarium progreſſa, retro venam ſpermaticam dextram minorem in duos ramos [h]) dividebatur, quorum quilibet ſerpentino ductu in ovarium dextrum uterumque ramulos ſuos varie diſperſit, venis plexuoſis inextricabili nexu arteriis intermixtis, ramulisque

g) Fig. III. Litt. h.

h) Fig. III. Litt. i. k.

liſque ultimis prope uterum cum uterinis ramis et ſpermaticis externis varie per anaſtomoſes conjunctis. Dextra vero arteria ſpermatica interna inferior [i]) ſub priore ex aorta emergens, flexuoſo tractu trans venam cavam [k]) oblique deſcendit. Ramulo in glandulas lumbares exhibito [l]) venae ſpermaticae dextrae [m]) comes facta eſt, ac retro hanc flexuoſo tractu oblique deorſum procedens, ante diviſionem venae ſpermaticae dextrae majoris in duos ramos, ramum minorem [n]) circa venam ſpermaticam emergentem et ad ovarium utrumque flexuoſo inter venas itinere ramulis ſuis diſperſum. Major vero ejus ramus, ſive continuatio trunci [o]) retro venae ſpermaticae majoris ſuperiorem ramum ſurculum dedit, ſerpentino ductu in uterum et ovarii tumorem extremitatibus ſuis diſperſum, hinc vero trunculus ipſe, ſub vena ſpermatica emergens, trans tumoris ovarii inferiorem partem continuatus ac ſub venae ramis iterum diſperſus, ramis ſuis in ovarium et uterum finitus eſt.

Arteria uterina [p]) aeque dilatata diametro gaudens, ac dum uterus *ipſe* gravidus eſt, ex hypogaſtrica [q]) arteria mox ſub umbilicali [r]) orta, flexuoſo ſerpentino tractu trans inteſtini recti [s]) partem ſuperiorem et ureterem dextrum [t]) ad latus dextrum colli uteri inter hunc et tumorem ovarii ad uterum continuata, ramum primo minorem [u]) ad collum uteri exhibuit, hinc adſcendens juxta uteri collum, propior utero, ſecundum ramum [x]) eumque majorem dedit retrorſum in colli uteri poſteriorem partem et in ipſam corporis uteri ſubſtantiam extremitatibus

 ſuis

i) Fig. III. Litt. I.

k) Fig. III. Litt. W.

l) Fig. III. Litt. m.

m) Fig. III. Litt. v.

n) Fig. III. Litt. n.

o) Fig. III. Litt. l.

p) Fig. III. Litt. w, Fig. IV. Litt. e.

q) Fig. III. Litt. u.

r) Fig. III. Litt. v. Fig. IV. Litt. d.

s) Fig. III. Litt. M.

t) Fig. III. Litt. a.

u) Fig. III. Litt. x. Fig. IV. Litt. f.

x) Fig. III. Litt. y.

ſuis diſperſum. Verſus uterum hinc ulterius producta arteria uterina, ramulo minori [y]) ex trunco extrorſum emerſo cum ſpermaticis arteriis internis et externis communicavit, quo exhibito ſub venas uterinas ultimo abſcondita arteria, reliquis ramis ſuis profunde ſub venis in uteri ſubſtantiam et in ovarii tumorem diſpergebatur.

Arteriae demum ſpermaticae externae, ex arteria epigaſtrica [z]) ortae, prima ſuperior [a]) ſecunda inferior [b]), duae fuerunt. Hae arteriae ſerpentino flexu per foramen abdominis ovale ſive annulum abdominis in hocce cavum intrarunt, atque involutae fibris muſcularibus ac celluloſis ligamenti uteri rotundi, uterum ipſum adierunt, ubi flexuoſis ſpiris ac in ſe contortis ramis, in uterum ſub exitu Fallopianae tubae ingreſſi, variis anaſtomoſibus cum arteriae uterinae et ſpermaticarum internarum ramis conjungebantur, ſanguinem ab externis partibus in uterum devehentes, itidemque uti reliquae arteriae dictae dilatatae, et in ovarium ultimis ſuis ramis diſſeminatae.

§. XVI.

Venarum habitus itidem ac in gravidis valde dilalatus fuit. Earum enim ſpermatica dextra major [c]) eximium dilatata, ex vena cava [d]) more ſolito ſub vena renali dextra [e]) orta, ramum mox majorem [f]) in truncum, inſula facta, iterum inſertum dedit, cum minori vena ſpermatica dextra communicantem [g]), quae ex vena cava ſupra renalem venam dextram orta [h]), flexuoſo ductu arteriam ſpermaticam dextram comitans, in ovarii tumidi ſubſtantiam ramis ſuis deſiit [i]). Hinc vena ſpermatica dextra major circa tumo-

[y]) Fig. III. Litt. Z.
[z]) Fig. III. Litt. q.
[a]) Fig. III. Litt. r.
[b]) Fig. III. Litt. s.
[c]) Fig. III. Litt. v.
[d]) Fig. III. Litt. W.
[e]) Fig. III. Litt. Y.
[f]) Fig. III. Litt. ξ.
[g]) Fig. III. Litt. λ.
[h]) Fig. III. Litt. K.
[i]) Fig. III. Litt. μ.

tumorem ovarii ad inferiorem ejus ſuperficiem inflexa[k]), in ramum majorem inferiorem[l]) et ſuperiorem minorem[m]) dividebatur. Hi rami in minores diviſi, variis majoribus anaſtomoſibus[n]) cum vena uterina dextra, cujus rami ab utero maxime dilatati ovarium adeunt, conjungebantur.

Altera vena, ſanguinis circulationi dicata, uterina[o]) eſt, ex hypogaſtrica duabus propaginibus ſive ramis venoſis, majori[p]) et minori[q]) orta. Juncta ex his vena uterina, eximie dilatata, flexuoſa via inter ovarium et uteri collum verſus hujus corpus adſcendens, ramum[r]) hoc tractu dedit ad collum uteri, ad ovarium dilatatum autem alium inferiorem minorem[s]), alium vero majorem ſuperiorem[t]) valde dilatatum, in quatuor ramos diſperſum. Horum inferior major[u]) in plexum ovarii venoſum ſub venae ſpermaticae ramis uterinis adſcendens, ramis ſuis in ovarium deſinit; ſecundus[x]) plures cum ramis venarum ſpermaticarum anaſtomoſes format; tertius[y]) ſub venis ſpermaticis in ovarium ſub membranis placentae et peritonaei diſtribuitur; quartus vero[z]) ſub venis ſpermaticis et membranis ovarii in ſubſtantiam ejus intrat. Tertius[a]) hinc extrorſum ex uterina vena adſcendens ad ovarium prodit ramus, cum venis ſpermaticis anaſtomoſium ope varie junctus; eadem-

[k]) Fig. III. Litt. o. Fig. IV. Litt. U.

[l]) Fig. III. Litt. π.

[m]) Fig. III. Litt. ϱ.

[n]) Fig. III. Litt. σ. τ. Θ. I. K. Δ. 1. 2. 3. 4. Fig. IV. Litt. U. W. X. Y. Z. 1. 2. 3. 4. Δ. E. Z. H. Θ. I. K.

[o]) Fig. III. Litt. E.

[p]) Fig. III. Litt. Γ.

[q]) Fig. III. Litt. w.

[r]) Fig. III. Litt. Z.

[s]) Fig. III. Litt. H.

[t]) Fig. III. Litt. Θ.

[u]) Fig. III. No. 1.

[x]) Fig. III. No. 2.

[y]) Fig. III. No. 3.

[z]) Fig. III. No. 4.

[a]) Fig. III. Litt. I.

eademque ratione ultimus [b]) ab uterina vena ramus in ovarium et uterum pergit, cum ramis venoſis ſpermaticis [c]) aeque ac prioribus uterinis [d]) venoſis ramis diverſimode connexus. Siniſtri lateris vaſa, tum arteria ſpermatica [e]) tum venae [f]) minus dilatatae fuerunt, quamvis ob affluxum per anaſtomoſes in utero majores, naturalem diametrum extra graviditatem paullulum itidem ſuperaverint.

§. XVII.

In ſuperficie tumidi ovarii praeter dicta vaſa, ſub membranis placentae ipſi adhaerentibus, in ſuperiori et externa praeſertim ejus parte, vaſa umbilicalia foetus ramis ſuis incedunt et extremitatibus ſuis in ovarium ipſum defiguntur. Venae itaque umbilicalis truncus [g]), ex foetus umbilico exiens, gyroſis flexubus elongatis, per funiculum, uti ſolet, factis, prope ovarii tumorem, amnios tunica obductus, ad ovarii dextri tumidi partem ſuperiorem pervenit ibique in plures ramos diviſus [h]) fuit, ut ſurculi ejus ultimi, ovarii tumori ubique innati, peritonaeo, hocce ovarium obducenti, ubique inhaererent. Eadem ratione innumeris ſurculis, peritonaeo ovarii innexis, et cum venae umbilicalis ramis frequenter anaſtomoſi inoſculatis, arteriae umbilicales duae in ſuperficie ovarii tumidi diſtribuuntur [i]), quarum altera quidem major, altera minor eſt. Rami earum majores inter placentae membranas celluloſae ope annexi decurrunt. Junguntur tenuis et parcae celluloſae ope haec vaſa, at veram craſſam, uti ſolent, placentam non formant, ſed mere membranaceo - vaſculoſam, ex membranis ovi et vaſis umbilicalibus conſtantem, ultimis ſurculis ſuis, tomenti celluloſi tenuiſſimi ope ſibi invicem junctis, ovarii ſuperficiei externae adhaerentibus.

§. XVIII.

[b]) Fig. III. Litt. K.

[c]) Fig. III. Litt. T.

[d]) Fig. III. Litt. Λ. M.

[e]) Fig. III. Litt. g.

[f]) Fig. III. Litt. Z. ϑ.

[g]) Fig. II. Litt. O. Fig. III. No. 2. Fig. IV. Lit. R.

[h]) Fig. II. Litt. P. Q. i. k. l. m.

[i]) Fig. II. Litt. R. Fig. III. Lit. O. Π. P. Σ. T. Φ. X.

§. XVIII.

Haec ſunt, quae in recenti adhuc cadavere, adminiſtrationum anatomicarum auxilio ediſci potuere, quaeque ex eo perfectiori ſtatu deſumpta, exactiſſimo typo ſervata tradimus. Torſit vero prae reliquis mentem noſtram modus, juxta quem nutriri et ad eum incrementi perfecti terminum produci potuerit foetus in abdominis cavo recluſus. Anaſtomoſeos inter matris et foetus vaſa ſanguifera fautoribus, (quos inter referre B. Meckelium eo majori jure credunt, quo ipſi, ni ſaepius, ſemel tamen eo cum ſucceſſu gravidarum repletiones evaſiſſe autumant, ut fluida, in matris vaſa injectione delata, in funiculi umbilicalis foetusque vaſa progreſſa viſa ſint), ſimilis in hocce caſu eventus eo magis arridebit, quo, ad evidentiam perductam rem eſſe, ſibi ex inſpectione eorum, quae revera ita ſe obtulerunt et ex deſcriptione exacta eorum, quae acciderunt, perſuadent. Dolemus omnino, quod occaſione, eos in integrum refellendi, longum temporis ſpatium, ex quo in recenti ſubjecto disquiſitionem exactam inſtituere licuiſſet, ab hodierno die, ubi in iis acquieſcendum nobis eſt, quae adhuc integra ſuperſunt, nos privet. Eam tamen ab ipſis ex dicendis conſequentiam exſpectamus: rem nequaquam eo effectam eſſe, et problematicum omnino remanere modum nutritionis hujus foetus. Omni jure opinioni eorum, novo hoc argumento fultae, ſubſcriberemus, ſi eadem materies, rubro colore tincta, qua matris vaſa arterioſa turgida reddita fuere, in vaſis et in trunco venae umbilicalis foetus obvia eſſet; ſive viridis cera, qua venae matris fartae ſunt, in arteriis funis et cum iis connexo foetus ſyſtemate arterioſo, haberetur. Nequaquam vero res ita ſe habet; contrario potius modo res revera eſt: omnis enim tractus vaſorum arterioſorum tam matris quam foetus, quem rei ergo et ad minutiſſima usque vaſa exploravimus, rubra materia ceracea diſtenditur; cum viridis contra aeque bene in vena umbilicali ac in hepate et in ſyſtemate venae portarum foetus ad venam cavam usque habitet; qua eadem ſyſtema venae cavae in matre refertum eſt. Prima maſſarum conjunctio occurrit in trunco venae cavae inferioris; cordis cava, tam venoſa quam venoſo-arterioſa rubra injectione turgent, quae prima in foetum penetrans, effuſa potius in foetus abdomen, pectus et pericardium, quam per vaſa eo dilata videbatur. — Quid inde? An cenſes: arterias matris ſanguinem in foetus arterias detuliſſe? Cui quaeſo non occurrunt valvulae arteriarum ſigmoideae, ſanguinis in cor ingreſſui, per arterias obſtacula! quem non offendit neceſſaria inde in ſanguinis circulo vel matris vel foetus conturbatio! vel enim venoſo more hic per arterias umbilicales et aortam foetus ad eum accedere; vel venarum loco arteriae matris ſanguinem a foetu per arterias, redeuntem deferre debuiſſent! Simile quid, naturae plane oppoſi-

tum, in venoſo circulo oppetere debuiſſet: vel enim in foetu vel in matre per eas ſanguis a ramis ad truncum procedere coactus fuiſſet; cui non tunc in mentem veniunt valvulae, in utroque ſubjecto ejusmodi ſanguinis iter omnino prohibentes? Quo ſe ferant, qui rem explicare velint, non video, nec a me quaerant modum, quo repletio haec ſuccedere potuerit! Nullam aliam viam, niſi per anaſtomoſes inter vaſa video, quae cerae, eique firmitate excellenti et omni adhuc cinnabari tinctae aperta fuiſſet; ſed nullam aliam, niſi ab arteriis matris in arterias foetus et ab illius in hujus venas, quam ſanguis abſolute legere non potuit. Incaſſum ad vaſa, vi injectionis rupta, appellares, cum hujus conſequentiae vix aliae quam extravaſationes ſint et exinde liquida cera aeque bene veram fluidis placentae patulam viam, ac falſam hanc intraſſet. An tumidi praeter naturam ovarii ſtructura, an vaſorum, an cordis foetus, diverſi a ſolito habitus, rem abſtruſam illuſtrare valerent, tentavimus; ſed praeter ea, quae de tumore jam ſupra notata fuere, praeter cerae viridis praeſertim, venis inditae coagulum, nihil nunc in eadem detegi potuit. Vaſorum foetus tam venoſorum quam arterioſorum diſtributio ne minimum quidem a naturali recedebat, ſi exiguam viridis maſſae, hepatis venas opplentis, copiam excipias, unde et hoc viſcus ſolito minus apparuit et non niſi pauci venae portarum rami repleti obſervabantur. Rubedo ſyſtematis venae cavae, cum ea arteriarum conveniens, vel ab anaſtomoſibus inter duo haec foetus ſyſtemata, vel a rupturis valvularum ſemilunarium et valvulae foraminis ovalis pendere poteſt. In corde enim praeter dilatationem omnium ejus cavorum a maſſa ceracea, firma, rubra, nil obſervari potuit, ex quo, mediante ſtructura peculiari, pro explicando phaenomeno aliquid derivari potuiſſet.

Tribuimus, ut mentem noſtram fateamur, omne nutritionis negotium in hoc caſu plane iisdem cauſis, a quibus in graviditate, quae ſecundum naturae leges in utero eſt, pendet. Hoc in ſtatu non niſi liquida tenuiora ſanguinis, alibili virtute praedita, a finibus arteriarum uteri in placentae interſtitiola deponuntur, ut inde a venarum umbilicalium foetus ſimilibus diametro oſtiolis reſumantur; dum interim arteriae foetus inutilia illi fluida in eadem cava deferunt, unde iterum a matris venae uterinae exiguis oſtiolis, intra hanc maſſam patentibus, hauriuntur. Vim veri ſenſiſſe videtur B. Meckelius, anaſtomoſeos ceterum Patronus, dum ait: ex dictis patet: „Arterias et venas ovarii, uti in „graviditate uterina idem in utero obtinet, inſigniter dilatatas, immo in dextro latere, „terminum hujus diſtenſionis ſuperantes, plexu in ovarii ſuperficie facto, ramos ſuos in „ovarii ſubſtantiam immiſiſſe, ibique liquidum illud effudiſſe, ex quo umbilicalia vaſa nu-

„tritiam

„tritiam lympham exſuxerunt.“ Quantum attamen, injectionis ope hoc caſu indubie apparenti anaſtomoſi tribuerit, ex alia ejus Nota, obſervationi adjecta, fluit. Haec ejus verba ſunt: „Ex membranacea et vaſculoſa partis ovarii ad foetum pertinentis natura patet, abſque celluloſa placentae ſubſtantia ac humore in cellulas haſce effuſo, a meris vaſculis umbilicalibus aut in tumorem hunc elongatis, aut cum vaſis ejus ipſis, per laterales ultimos ramos connexis, lymphaticum nutritium ſuccum traduci in foetum. Atque hinc tomentum craſſius celluloſum placentae naturalis in utero, non ex neceſſitate quadam abſoluta reperiri, ſed ex effluxu tantum copioſiori humorum gelatinoſorum ex uteri vaſculis, celluloſam hanc copioſam generantium, ortum ſuum ducere. Eſſe ergo tranſitum liquidis nutrientibus foetus immediatum, ex vaſculis arterioſis matris in venae umbilicalis foetus ultimos villos, cujus ope et hicce foetus nutrimentum et augmentum in perfectam infantis ad naturalem terminum ducti magnitudinem, ab ovario hoc acceperat.“

§. XIX.

Non poſſumus a caſu, quem obſervatio offert, et ab iis, quae accuratior, quam in ullo alio ſimili caſu inſtituta fuit, disquiſitio docuit, recedere, quin obſervemus: ovarii ad conceptionem praerogativas ex eodem maxime elucere. Loquuntur locum hunc conceptionis, quaecunque in ovario apparent, ita comparata ac ſi revelandorum eorum ergo, quae ob minutiem in ſtatu naturali ſenſibus noſtris eripiuntur, nunc magnitudine aucta, irrevocabali teſtimonio probare debuiſſent. — Tumor ovarii, poſt impraegnationem ſecundam ab obſervatoribus ita viſus, ut eum a congeſtione fluidorum verſus hanc partem prius; dein vero a veſtigiis loci, unde ovum hoc actu abſumptum fuerat, corpore luteo notatum, derivarent, in Noſtra immenſus eſt. — Utero immutato, vel parum ſaltim a perfectae vacuitatis ſtatu recedente, ipſius loca tenuit ipſum ovarium; quum omnia ea, quae in utero alias accidere ſolent, hic ab ovario praeſtita fuerint. Ruit hinc opinio de commixtione ſeminis maſculini cum feminino in uteri cavo, ad concipiendum neceſſaria, uti et ea de ovulis, in uteri cervice latitantibus, quae Nabothi introduxerat. — Habentur et membranae ovi, alias in utero contentae, naturae plane ejusdem, ita ut eas tanquam partes ad prima foetus rudimenta ſervanda, dum adhuc in ovario torpet, conſiderare poſſis. Jam ibi liquorem continent, foetum a certa abſque iis compreſſione deletoria ſervantem. Sic et in hocce ovario volumine et firmitate, additis ipſis humoribus nutritiis, increſcere poterant hae membranae. Eodem ex fonte

 augmen-

augmentum liquoris foetui in primis tenerrimae vitae ſtadiis, quam maxime neceſſarii, repetendum eſt. — Non minus feriet quemvis fatalis earum miſerarum ſors, in quibus, ut in Noſtra, officia ſua non praeſtant partes, praeter ovarium, ad felicem graviditatem facientes. Nullum poteſt ſupereſſe dubium, quin hicce habitus Noſtrae lethum dederit: quum inflammationis abdominis, jam per ſe periculo pleniſſimi morbi, notas ubique reperiamus, quales ſunt: inflammatoria peritonaei condenſatio; ex eodem fonte derivanda concretio hepatis; inteſtina ſphacelo corrupta; purulenta ovarium obducens cruſta; hydrops aſcites, infauſta inflammationis abdominalis terminatio; omnia, ni in totum, ſaltim maxima ex parte, ab irritante, putreſcente cadaveris in abdomine recluſi, exiſtentia derivanda. Miraculo proximum eſt, ſiquae his evadunt; revera autem quasdam evadere, ex infra dicendis patebit. — Non unica enim mortis extimeſcendae in iis ratio eſt, cum terribile ſolutionis ejusmodi ovi ab ovario momentum, nullo modo ſiſtendam ſanguinis in abdominis cavum effuſionem, pediſſequam habere poſſit; cum a liquoris amnii in abdominis cavum effuſione non poſſint non praeternaturales effectus extimeſci; et quae ſunt alia.

§. XX.

ACCIPE JAM COLLECTIONEM OBSERVATORUM SIMILIUM!

Cum Cl. Josephi divido incubationem ſ. graviditatem abdominalem in veram et falſam.

„Vera abdominalis incubatio (aut, ut ille dicit, receptio) eſt: „ſi ovulum tribus circiter diebus poſt conceptionem elapſis, non tubam ingreditur, ſed ex ovario ſtatim in cavum abdominis delapſum, per aliquod tempus nutritum, ad certum quendam perfectionis gradum augetur.“

„Falſa contra, ſi foetus ſeu immaturus ſeu perfectus ovario, aut tuba, aut utero, cauſa quadam disruptis, inde demum in cavum abdominis delabens, vice quaſi ſecunda recipitur.“

§. XXI.

Falſa itaque graviditas abdominalis vel ex naturali oritur, ubi ovulum ſueta via ad uterum perductum ibique nutritum erat, vel ex praeternaturali, ubi ovulum in loco ſuae foecundationis, ſeu in via ad uterum in tuba Fallopiana reſtitit. Ex omnibus tribus hiſce locis commorationis non niſi per violentiam, quae mox in cauſis internis, mox externis quaerenda eſt, in locum quartum, in cavum abdominis, pervenit.

§. XXII.

Liceat nunc mihi, primo de graviditate falſa abdominali, cujus exempla frequentiora ſunt, hiſtorice caſus praecipue memoratu dignos referre. Sed perpendatur velim, hiſtorias huc facientes non ſemper ea cum diligentia et cura eſſe enarratas, ut poſſit haec vel illa recte adnumerari graviditati abdominali verae, ſeu falſae. Siquid itaque dubii hac ſuper re, narrationibus relatis, ſuperſit, culpae mihi non vertatur. Annus unicuique hiſtoriae praefixus eſt is, quo caſus narratus primum ſcripto publico notatus eſt: et in hoc eligendo pro viribus accuratus fui.

§. XXIII.

In libris, Pſeudo-Hippocraticis [a]) locum invenio, qui poſſit fortaſſe trahi ad graviditatem abdominalem. „Foetus, inquit autor, locum ſuum deſerit ob abundantiam pituitae, et ſuffocationem producit."

Albucasis [b]) ſcribit: „Atqui ego quondam vidi mulierem, quae gravida fuerat, et foetus in utero ejus moriebatur, deinde alia inſuper vice gravida facta eſt, deinde moriebatur foetus ille alter: etiam et accidit illi poſt longum tempus tumor in umbilico ejus, qui inflatus fuit, donec ſe aperiret et pus produceret. Et ego ad curam ejus vocatus fui. Et curavi illam diutius et vulnus non conglutinatum fuit, et illi applicavi quaedam unguenta valide attrahentia, et ex loco egreditur os: deinde praeterierunt dies aliquot et egreditur os alterum; et ego ad hoc valde miratus ſum, quemadmodum venter eſt locus, in quo nullum eſt os. Ego igitur opinabar, haec eſſe ex oſſibus foetus mortui. Vulnus igitur inveſtigavi, et ex illo multa oſſa extraxi, mulier autem optime ſe habuit adeoque vixit, et illo modo longum tempus, pauco pure ex illo loco producto."

1522. Jac. Berengarius Carpenſ. Iſagoge brevis in anatom. c. h. Bonon. 1522. 4. Foetus extra uterum repertus, quem ulcus ruperit. Cf. Halleri Bibl. chir. T. I. p. 183.

1550. Matth. Cornax Hiſtoria quinquennis fere geſtationis in utero, et quomodo infans ſemiputridus, reſecta alvo, exemptus ſit et mater curata evaſerit. Venet. 1550. 4.

 Mater

a) De Morb. Mulier. L. I. Sect. V. p. 167. Fol. Francof. 1595.

b) De Chirurg. T. II. p. 339. cura Channing.

Mater, rupto cum fragore ſub partus labore utero, defluxu continuo putrilaginoſo per muliebria afflicta eſt per quadriennium: tunc factum a natura eſt ad umbilicum foramen, ex quo multum ſanioſi foetidique mucoris etiamque os, quod pro fibula ſiniſtri brachii habebatur, profluxit. Cum hoc facto, periculi magnitudo indies ingraveſceret; inciſio in alvum inſtituta et fruſtulatim foetus maſculus emortuus et ſemiputridus exemptus eſt. Abſoluta hac ſectione mulier feliciter curabatur.

Eandem hiſtoriam repetunt M. Donatus Lib. IV. p. 427. 8. Francof. 1664. Hiſt. med. mirab. 22.

Bauhinus in Append. ad Roscettum.

Schenckius Lib. IV. obſ. med. et. Hildanus in Reſp. ad Döringium.

Aliam Cornax hiſtoriam narrat ab Achille P. Gaſſaro acceptam, ad quam mulier ex abſceſſu in iliis, a chirurgo dilatato, foetus oſſicula corroſa una cum pure enixa eſt.

Aliam foetus per XIII annos retenti hiſtoriam habet Aegidii de Hertoghe. Conf. etiam Barthol. de inſol. part. hum. viis p. 110.

1552. Amat. Luſitanus Curat. medicinal. Cent. II. curat. 10. de oſſibus foetus ex ano mulieris excretis, praecedente ſanioſa cum febre colluvie ex utero. Vid. Barthol. l. c. p. 116.

1554. Joh. Lange Epiſtolar. Lib. II. med. 39. p. 739. (8. Francof. 1589.) hiſtoriam exhibet de foetu, qui anno X. geſtationis per anum excernebatur: p. 740. hiſt. Ach. Gaſſeri repetit.

1580. René Thionneau Hiſtoire etrange d'une femme, qui a porté un enfant 23 mois et qui enfin a été tiré par le coté os à os. Tours. 8.

1581. Fr. Rousset Traité nouveau de l'hyſterotomotokie, ou enfantement Céſarien, à Paris, 1581. 8. Exempla foetuum, qui intra uterum contabuerunt et quorum oſſa aut per inciſum uterum, aut per eundem abſceſſu apertum exierunt. In apendice edit. Caſp. Bauhini (Baſ. 1582. 8.) exempla ſunt allata uteri cum ſuo foetu contabeſcentis, denique reſecti, extracti per umbilicum foetus, etiam in vaccis.

1587. M. Cagnati Variar. obſerv. Lib. IV. c. 9. p. 268. (Rom. 4.) oſſa foetus retenti per anum egeſta.

1590. Fr. Rousseti ſchema palocyematis, Lithopaedii Sennonenſis foetus lapidei viceoctennalis. Pariſ. 8.

Thuani Hiſtor. Lib. 76. foetus lapideus mulieris cujusdam Agendici Sennonum.

I. Alboſius et S. Provancher, in hoc oppido medici, etiam de hoc caſu ſcripſerunt.

Rupto ſub labore partus utero, deſluxo ex muliebribus ichore et emerſis ex ſanguine coacto recrementis ſeroſis, quaſi thrombis, foetus in ventrem matris delapſus eſt ibique in lapidem abiit.

1595. Horat. Augenius de hom. partu, ſeu quod homini non ſit certum naſcendi tempus. Venet. fol. Lib. II. c. 27. „cum excrementis duae effluebant coſtae parvae, tempore foeditiſſimi fluoris albi. Exenterato cadavere inventus eſt uterus putrefactus, qua parte inteſtinum rectum tangit: hoc ipſum totum corruptum: inventus eſt foetus ſine involucris, ſine ſecundis, cujus caput non aderat: hoc putabamus ex putredine diſſolutum.“

1611. I. Marchandet Hiſtoire admirable advenue en Franch-Comtè d'une femme, qui a produite un enfant par le nombril après avoir portè 25 mois et demi. Lyon. 12.

1619. Autore Hallero (Bibl. chir. T. I. p. 264.) etiam Fabr. Hildanus in epiſtola ad amicos, quae cum Centuria IVta obſervationum ſuarum et curationum Baſil. 1619. 4. in lucem prodibat, de foetu quadriennium geſtato verba fecit; ſed locum hunc omni aſſiduitate incaſſum quaeſivi.

1622. Vincent. Alsar. a Cruce de quaeſitis per epiſt. in arte medica, Cent. IV. fol. Venet. Cent. II. p. 169. „Foetus putrefactus per abſceſſum, circa umbilicum, ferro apertum, prodiit.“

1664. Laur. Strauss Reſolutio obſerv. ſingul. Muſſipontanae foetus extra uterum in abdomine retenti. Darmſt. 4. Foetus, per 30 annos a matre geſtatus, poſt hujus obitum in cavo abdominis, tegmine duriuſculo involutus, inveniebatur; ſed primo hunc foetum in uteri tuba genitum ac contentum fuiſſe, jam Deuſſingius in libro ſuo de hoc foetu §. 88. ſcribit. Straufs narrat quoque caſum, quem Wepferus obſervaverit, ubi foetus per umbilicum excretus fertur.

1655. Jac. Primirosius de morb. mulier. et ejus ſympt. Rotterdam 8. Libri V. lib. IV. c. 7. Foetus, rupto utero (nam et hoc accidiſſe oſtendunt effluxus humoris lenti aquoſi et copioſi ſub partus conatu et poſthac ſaniei mali odoris) in cavum abdom. delabitur: mater annis duobus elapſis iterum gravida facta, ſed iterum, quin foetus maneret in utero. Primogenitus per abſceſſum umbilicalem viam ſibi paraverat; oſſa vero poſterioris inciſione caeſarea educebantur.

1663. Henr. van Roonhuysen Genees en heelkonſtige Aanmerkingen, betreffende de Gebrecken der Vrouwen. Amſt. 8. Uterus ruptus, foetus per anum eductus.

1664. Th. Bartholinus de inſolitis partus humani viis. 8. Hafn. Ipſa hiſtoria, foetum per abſceſſum hypochondriorum poſt annos XVIII prodiiſſe, memorat.

1665. Henr. a Moinichen Obſervationes medico-chirurgicae, Hafn. 8. p. 12. Foetus in utero materno exſtinctus per abſceſſum membratim exciſus.

1672. H. Oldenburg E. N. C. Dec. I. ann. 3. Obſ. 126. oſſa foetus per anum egeſta. Deniſii relatio.

1678. Bayle epiſtola ad autor. Ephem. erud. Miſc. N. C. Dec. II. ann. 8. Obſ. 134. p. 293. Foetus XXVI annos in matre haerens. Inſpecto cadavere foetus nullum quidem nexum cum utero oſtendebat; lochia vero, quae mater poſt partus dolores excreverat, propenſum me faciunt, hanc ut graviditatem falſis abdominalibus adnumerem. Conf. Zod. med. Gall. an. 1. p. 9. et 51. (Genevae 1680. 4.)

Eadem hiſtoria legitur in Philoſophical Transact. Vol. 12. n. 139. p. 979.

1679. Ant. v. Leeuwenhoek Juornal des ſavans. p. 406. Partus ventralis, quum uterus ante mortem ruptus et extractus e ventre foetus adultus.

Nic. de Blegny hiſtoire anatomique d'un enfant, qui a demeurè XXV ans dans le ventre de ſa mére. à Paris, 1679. 12. Ulcus aderat uteri: foetus retentus calloſa cruſta obvolvebatur, in qua tubercula erant quaſi gypſea. In libro [c]) Zod. med. gall. ann. 1. p. 57. (Genev. 4.) hiſtoria foetus putridi narratur, cujus oſſa per abſceſſum abdominis cum pure excluſa ſint. Graviditatem non tubariam ſ. ovariam fuiſſe, oſtendunt verba ſequentia auctoris: „Uterus quidquid cavitate ſua continebat, extraneum expulit.“

1682.

[c]) Les nouvelles decouvertes ſur toutes les parties de la Medicine. à Paris 1679. 12. Bonnetus librum hunc latine vertit.

1682. In Diario, quod Abb. de la roque edidit et deinde T. Bonnet complevit.

I. Iac. Wepfer foetus ex tuba, ut videtur, uteri in ventrem effuſus.

Rivalier de foetu retento, diſſoluto, per abſceſſum umbilici ſimulque per vulvam fruſtulatim edito.

St. Maurice epiſt. ad Cl. Dm. de la Cloſure. Conſulatur etiam Manget Theatr. anat. lib. II. part 2. c. 3. p. 140. Graviditas ovaria dilaceratione ovarii in graviditatem abdom. falſam permutata.

1683. C. Morley Phil. Tranſact. Vol. XIX. n. 227. p. 486. Oſſicula foetus, quae poſt annos elapſos per alvum reddita ſunt.

I. Brodie l. c. n. 229. p. 580. de foetu per abſceſſum umbilici excreto.

1684. Phil. Trans. Vol. XX. n. 243. p. 292. de oſſibus foetus, quae ſupra oſſibus pubis excernebantur.

1685. L. Birbeck l. c. Vol. XXII. n. 275. p. 1000. Maxima pars foetus per umbilicum eſt excreta et placenta per uterum.

1686. Corn. Stalpaart v. d. Wiel Zeldſame Aanmerkingen, ſoo in de Genees-als Heel- en Snykonſt. 8. Hagae. Uterus in fundo laceratus: foetus in abdomen effuſus.

Eodem Anno P. Skippon l. c. Vol. XXIV. n. 302. p. 21000. ſcripſit de oſſibus foetus, quae per abſceſſum in regione inguinis educta ſunt.

1687. I, Muraltus Collegium anatomicum, in welchem alle Theile des menſchlichen Leibes ſamt den Krankheiten beſchrieben werden. Nürnb. 8. p. 250. Infans putridus ex umbilico prodiit.

1789. Sal. Reiselius Obſ. in E. N. C. Dec. II. ann. 7. Obſ. X. p. 16. rupto utero foetus intra abdom. excluſus: (uterus in inferioribus verſus pubem tenuis disruptus et gangraenoſus inveniebatur. Aliam etiam obſerv. a L. Witzel ann. 1669. factam adjungit, in qua uterus ſcirrhoſus rupturae anſam dederat.

L. Roſini Lentilii Obſ. l. mox. c. Obſ. 237. p. 450. Inſolita partus h. via. Matri juvenili, anno xxvi verſante, ſub doloribus atrociſſimis oſſicula foetus per umbilicum et inteſtinum rectum prodibant: ſimul cum his per muliebria ſanies effluebat.

1690.

1690. Teſte (Hallero Bibl. Chir. T. I. p. 495.) in lucem prodiit opus Petri Dionifii L'anatomie de l'homme. Pag. 319. (ed. 1716. 8. à Paris) invenies hiſtoriam gravidae, nomine I. Pragnon, quae ab egregio in terram lapſu ſaevum dolorem ſub regione umbilicali ſenſit et tertio die multum ſanguinis, pure mixti, e vulva emiſit: denique oſſa ſceleti, aperto tumore dictae regionis, extrahebantur. Dionis hanc graviditatem non ſine omni jure tubariam fuiſſe putat, quae poſt lapſum converſa ſit in abdominalem.

P. 323. aliam hiſtor. narrat, ubi oſſa foetus per anum ejiciebantur. Aliam habet p. 328. ubi poſt miſeram Matris mortem anatomica ſectio demum abdominalem graviditatem, ex tubaria ortam, detexit.

1696. Bern. Albini Diſſ. de partu difficili 4. Francof. ad Viadr. Uterus in partu ruptus et foetus in abdomen fuſus.

Eodem anno prodierunt: Les progrès de la Medicine. 12. Hic mentio fit foetus per plures annos in abdomine ſiti, ſectione extracti.

1697. Montagnier Obſerv. ſuper formatione foetus hum. in loco inſolito. Vid. Manget Theatr. anatom. T. II. p. 141. De foetu bimeſtri, natante in cavitate abdom. circumfuſo undique ſanguine, qui ortum duxerat ex lacerato tentorio dextrae Fallopii tubae, ubi etiam placentula inveniebatur.

I. B. Wenckh „De muliere, quae exiſtente in utero (abdomine) oſſiculorum congerie ex emortuo foetu relicta, denuo bis concepit feliciterque peperit. Miſc. N. C. Dec. III. an. IV. Obſ. 87. p. 184." Quatuor aut quinque ante puerperii ſolitum tempus hebdomades foetus commotio penitus ceſſavit, uterus concidit, ita tamen, ut circa umbilicum tumor quidem, tres digitos transverſos altus, remaneret. — Dolore uterum vexante, foetida quaedam ſanies adinſtar corrupti profluvii menſtrui per vulvam ſtillabat, quo profluvio durante, multo capitis dolore, caloribus et ſiti tentabatur: trium tamen hebdomadum ſpatio elapſo convaluit tumorifera. — Quatuor poſt haec annis transactis, puellam formoſam et perfectam et iterum duobus annis elapſis filium, ad ordinem naturae, ab omni dolore tumoris immunis, peperit. Anno autem XII et XIII poſt primam conceptionem ſupra umbilicum ulcus apparuit, e quo copioſa, graviter olens, profluebat materies ibique inciſione facta oſſicula ſeu ſceleton extrahebatur. Mulier, tandem febre hectica abſumta, cibisque ſubinde ex ulcere profluentibus, viribus penitus exhauſta eſt mortemque oppetiit."

petiit." Hiſtoria, quam maxime memorabilis inſtitutae ſectionis verbotenus haec eſt: „Extracto utero, in medio et ex latere ſiniſtro illius in anteriori parte notabile foramen attigimus atque in uteri cavitate oſſeos digitorum articulos inhaerentes invenimus; inteſtinum vero colon pariter perforatum erat et fiſſura tota gangraenoſa, ex qua, dum viveret, cibi incocti profluxere." Credam, bonum ſenſum non ferre, aliud quid hoc ex caſu colligere, quam dictam perforationem (uteri et inteſtini) demum ulcere increſcente fuiſſe obortam.

1700. I. M. Vorwaltner De foetu, fruſtulatim per umbilicum exempto, ruptis inteſtinis, et eorum motu periſtaltico extra abdomen conſpicuo. Miſc. N. C. Dec. III. Ann. V. et VI. p. 222.

1707. P. Dionis cours d'operations de Chirurgie 8. à Paris. Relatio de utero rupto et foetu in ventrem effuſo, ejusque oſſibus ſenſim per abſceſſum prodeuntibus.

Eodem anno Alex. Littre foetum ano feminae extraxit. Vide Hiſt. de l'Academie royale des ſciences annèe 1702. Amſt. 1707. 8. p. 313. D'un fetus humain, tirè du ventre de ſa mere par le fondment.

1715. Mich. Bernh. Valentini Chirurgia medica, quae eſt praxeos medicae infallibilis P. II. Francof. 4. Oſſicula per abſceſſum umbilici prodeuntia.

1717. D. Nebel in E. N. C. Cent. VI. Obſ. 52. hiſtoriam graviditatis abdominalis ſub hoc titulo narrat: „Sceleton foetus humani a matre jam per tres annos in utero (!) citra ſanitatis diſpendium geſtatum." Suus ex filio nepos finem hujus geſtationis in Com. Acad. Theod. Palat. Vol. II. p. 403. commemorat ſeq. ſub titulo: „foetus oſſei, per LIV annos extra uterum in abdomine detenti, hiſtoria." In relatione anatom. ſectionis perſuadere vult, veram fuiſſe graviditatem abdominalem, nam dicit: „Uterus, quo ad habitum externum, nihil peculiaris monſtrabat: poſtica pars paullulum erat inflammata; ceterum eadem fuit magnitudo, craſſities, denſitas, quae vetularum utero naturalis eſt: bina ovaria illaeſa, tubae Fallopii integrae, immo lociniae conſpiciebantur." „Utero aperto, omnia plane naturalia et in nulla parte nequidem cicatricis veſtigium inveni." Sed avi relatio huic non reſpondet: quod et notat Cl. Walter in Libro: Geſchichte einer 22jährigen Frucht, p. 6. Avus inter alia refert: „Inſtante partus legitimo tempore, vividum et moventem ſeſe in utero foetum excludendi niſus ſenſit, paullatim ob tardius accedentis et minus exercitatae obſtetricis negligen-

tiam matrisque languorem diminutos, ac tandem poſt aquarum ex utero profluxum cum foetus motibus prorſus ceſſantes, ſuccedente totius corporis horrore atque frigore cum ſenſu ponderis in infimo ventre, quando ſe in dextrum vel ſiniſtrum latus inclinabat. Sequentibus ſeptimanis foetidus et ſanguinolentus ichor cum membranarum fibrarumque corroſarum fruſtulis per muliebria effluxit et abdomen cum mammis ſenſim detumuit."— Hoc luculenter innuit, non veram, ſed falſam hanc fuiſſe graviditatem abdominalem.

1721. Seb. Melli La comare levatrice, iſtrutta nel ſuo uffizio 4. Venez. p. IV. de foetu retento et ex abſceſſu poſt aliquot annos educto.

1722. M. Preussii Obſ. in E. N. C. p. 21. Cent. IX. et X. Foetus uterum disrumpens, et poſt mortem ſui et matris, in abdominis hujus cavo deprehenſus.

1726. C. F. Pistor foetum e rupto utero in abdomen prorumpentem exhibuit 4. Argentor.

1727. Giov. Dom. Santorini Iſtoria d'un feto, eſtratto felicimente intero dalle parti deretane 4. Venez. Foetus, per XX. menſes geſtatus, dum alter interim ab eadem femina conceptus et abortu redditus eſt: denique tumore maximo oborto per anum extractus. Santorini ipſe putat (p. 28. § XXV. et ſeq.), graviditatem primum tubariam fuiſſe, poſtea mutatam in abdominalem. Eandem hiſtoriam deſcribit Nic. Patuna in libro: Relazione intorno al cadavere d'un feto, che doppo eſſe naſcoſto nel ventre della matre per vinti meſi, fuda lui cavato della parte poſteriore, eſſendo reſtata viva e ſana la madre medeſima. 8. Venez. 1727.

Eodem anno I. B. du Bois et Boger Diſſ. Ergo foetus extra uterum genitus, ſalva matre, poteſt excludi. 4. Pariſ. Exempla partuum ventralium, aut per anum editorum, etiam inciſo ſphinctere.

Eodem anno I. E. Tuerk Hiſtoria mulieris, varia oſſa per alvum dejicientis. 1727. Utrecht. 4. „Primis menſibus ſatis bene ſe habet gravida: venter more ſolito feliciter intumeſcit et foetus plurima vitae indicia edit; ſed menſtrua ſolito tempore prodeunt, tumor iterum decreſcit et denique gravida per anum oſſa parit.

1728. M. A. Cappeler in Büchneri Miſcell. phyſ. math. A. 1728. Erf. 4. 1732.

1729. I. C. Becker Paedoctonia inculpata ad ſervandam puerperam. 4. Gieſſ. Oſſa foetus, alvo educta.

1732.

1732. Jos. Biener Obſerv. de ſceleto foetus, viis inſolitis excluſo. Com. litt. Nor. ann. 1732. p. 2. Per muliebria fluxus ſaniei cum intolerabili foetore et unguibus foetus obſervabatur et poſt IV menſes ſcapula et tunc alia oſſa foetus per regionem umbilici prodibant.

1738. W. Giffard Phil. Tranſact. n. 416. p. 435. foetus per anum eductus, funeſto quidem eventu, in tuba, ut videtur, conceptus.

Eodem anno Fr. Mauriceau in libro: Obſervations ſur la groſſeſſe et l'accouchement des femmes T. II. p. 206. Obſ. CCLI. hiſtoriam, etiam huc ſpectantem, narrat ſub titulo: D'une femme, qui mourut en traivail avec ſon enfant dans le ventre, par l'ouverture du corps de laquelle, après ſa mort on trouva cet enfant au milieu des boyaux etant ſorti de la matrice par une rupture, qui s'y etoit faite.

1738. Joh. Fantonus in opuſculis medicis et phyſiologicis 4. Genevae. Foetus per abdominis abſceſſum exiens.

1739. G. King in Medic. Eſſays and obſerv. of a Society at Edinburgh. T. V. n. 38. agit de puero, partim per inciſum abdomen, partim per alvum excreto.

1741. Jo. Copping in Phil. Tranſact. n. 461. p. 814. memorat foetum, ex abdominis abſceſſu exciſum.

1741. Jo. Bapt. Bianchi in tentamine de naturali, vitioſa morboſaque generatione (Genevae. 8.) plures compilavit hiſtorias ex ſcriptis aliorum de partu vel per umbilicum, vel per anum. Vid p. 102, 108, 112, 149, 177 &c.

1741. Fr. Simon in Phil. Tranſact. n. 477. p. 522. ſcribit de foetus oſſibus, per anum egeſtis.

1741. Jo. Still. Winthrop l. c. n. 475. p. 304. habet ſimile exemplum.

1742. Rouhault in opuſculi ſcientifici T. VI. 4. mentionem facit foetus ventralis.

1743. Corn. Trioen in Obſerv. Chirurg. faſciculo (4. Leidae.) refert partum ventralem, peritonaeo inciſo, eductum.

1744. Ph. Sam. Giering in Select. Francof. oſſa foetus per anum excreta adſtruit.

1744. Spoering et Mounsey. in K. Sev. Wet. Acad. handl. referunt de femina, per XIII annos foetum in alvo geſtante et inciſo abdomine liberata. Effluxus autem liquoris amnii et haemorragia e muliebribus veroſimile faciunt, foetum primitus utero inhaeſiſſe.

1746.

1746. Guillerme in Hiſt. de l'Acad. des Scienc. 4. p. 44. (8. Amſt. 1755. p. 63. VII.) agit de foetu per anum reddito.

1747. Starkey Middelton Phil. Transact. n. 484. p. 617. De graviditate abdominali, (quam primum fuiſſe graviditatem tubariam, maxime veroſimile eſt), durante 16 annos; at quin mulieri impedimento fuerit, quominus quatuor liberos viventes pareret.

1747. Fr. Drake l. c. n. 485. p. 121. De abſceſſu circa umbilicum, quo prodierint oſſicula foetus.

1748. Salvator Morand in Hiſt. de l'Acad. des ſcienc. 4. p. 52, (8. Amſt. p. 73 ſeq.) De foetu, qui 31 annis in utero materno retentus, totus duro involucro obductus fuit. „A l'ouverture du cadavere, on trouva dans le bas ventre une maſſe ovale, „groſſe comme la tète d'un homme attachée l'epiploon, au pèritoine, et qui ſem„bloit partis de la trompe droite."

1750. Abr. Titsingh Diana ontdekkende het geheim der dwaazen dielig vroedmeſters noennen, 4. Amſt. Feminae, quae absque partu foetum retinuerat, et quinquies iterum conceperat, enata eſt fiſtula, per quam dilatatam foetus nonnihil corruptus extractus eſt.

1750. T. Debenham Phil. Transact. Vol. 47. p. 92. de oſſiculis foetus per muliebria et umbilicum prodeuntibus.

1752. J. Fatio helvet. vernünftige Wehmütter p. 197. foetus rupto utero in cavum abdominis fuſus, ſed primum ſub labore partus.

1754. Piet. Paol. Tanaron Trattato di Chirurgia Vol. II. 4. Florenz. Corrupti et putridi foetus in ventrem effuſi felix exciſió, a Chirurgo Metivier perfecta.

1754. Collin Journal de medicine T. IX. de foetu retento, cujus oſſa quarto anno ex abſceſſu abdominis prodierunt. Cf. medic. Wahrnehm. Vol. IX. p. 115.

1754. G. Smellie a Collection of Caſes and obſervations on Midwifery. Lond. 8. Oſſa foetus per anum decedentia.

1755. C. F. Daniel Beiträge zur med. Gelehrſamkeit 4. Halle T. III. n. 13. oſſa foetus per inteſtinum rectum prodibant.

1756. H. N. Cranz Commentar. de rupto in partus doloribus a foetu utero. Vienn. 8. Ipſe foetum in ventre vidit utero rupto. Conf. med. Wahrnehmungen Vol. V. p. 496.

1756. Hiſtory of the royal ſociety et London abridgd T. I. p. 72. (4 Lond.) Feminae hiſtoria, quae XVIII annos foetum geſtaverat, interim pepererat, denique oſſibus foetus per ſubnatum abſceſſum ſe liberavit.

1756. Alex. Monro. Eſſays and obſ. phyſical and litterary read. before a ſociety in Edinburgh T. II. 8. Edinb. p. 339 de foetu per ruptum uterum in abdomen elapſo. Cf. med. Wahrnehm. Vol. IX. p. 246. Etiam de foetu ex ruptura ventris ſub umbilicum prodeunte l. c. p. 338. et in libro med. W. p. 376.

1756. Bochard Journ. de medicine T. V. Foetus mortuus, XXVII. menſes geſtatus, per umbilicum eductus. Cf. med. Wahrnehm. Vol. V. (8. Strasb, 1761.) p. 459.

1756. Herissant in Hiſt. de l'Acad. pag. 52. in 4. de foetu, per XXVII. menſes geſtato, demum per ſectionem caeſaream educto.

1760. J. Bard Med. obſerv. and inquir. T. III. De foetu ex abdom abſceſſu exciſo felici eventu.

1761. de la Vergne Journ. de medicine Vol. XIV. p. 440. Foetus per XXIX menſes geſtatus et per umbilici ulcus extractus.

1764. L. B. F. Lentin obſervat. medicarum Faſc. I. 8. Wolfenb. Veſtigia foetus per abdomen egeſta, ſubnato abſceſſu, poſtquam congenitus tumor ſe extulerat.

1765. Barthol. Patuna Epiſt. ad Morgagnum, continens hiſtoriam foetus, extra uterum inventi, placenta intra uterum haerente. Vienn. Utero incolume, foetus in abdomine funem umbilicalem ad tubam Fallop. propagabat.

1765. Gulat. v. Doeveren obſ. acad. ad monſtror. hiſt. anatomiam, pathol. et art. obſt. praecipue ſpectantes. Gröning. 4. Uterus ruptus et foetus in ventrem erumpens.

1767. W. Hay in Medical obſerv. and inquir. 8. Lond. Foetus extra uterum, et placenta intus inveniebatur.

J. A. Ridder obſerv. rar. de foetu ſeptem menſium, per inteſtinum rectum, matre ſalva et ſuperſtite, exciſo.

1770. J. Brugmanns in Verhandelingen der hollandſchen Maatſchappy T. XII. 8. Harlem. De oſſibus foetus, diu retenti, per anum abſcedentibus.

1773. Chamoux Journal de medicine etc à Paris T. XXXIX. de foetu IV. menſium et ovario in ventrem effuſo et poſt annos per alvum excreto. Cf. Cl. Richteri, Praeceptoris venerandi, Bibl. Chir. T. II. P. IV. p. 43.

1774. Th. Percival Medic. and philoſ. Commentaries, Vol. II. P. III. Poſt XXI. annos foetum per alvum vidit egeri.

1785

1785. Varnier Journal de medicine T. LXV. à Paris. 8. De duplici abdom. graviditate. Poſt mortem matris et poſt XXX. annos, ubi mater dolores ad partum et haemorrhagiam uterinam paſſa eſt, bini foetus in ventre matris inveniuntur: alter cum fune umbilicali et placenta in maſſa oſſea involutus, alter cum tunicis ſuis magnitudine ovi gallinacei non procul a foramine ovali, quod uterus ſiniſtro latere oſtendebat. Cf. Cl. Richteri Bibl. chir. T. X. p. 343.

Chambon de Montaux Arzt für Schwangere, cap. 35. p. 223. (8. Bremen 1792.) De rupto ſub partus labore ovario et foetu in abdomen effuſo.

§. XXIV.

Cauſſas, quae uteri rupturam efficiant, perbene collocatas habes in Joſephi Diſſ. citata §. IV. et §. VIII. de iis, quae ad rupturam tubae et §. X. quae ad ovarium disrumpendum conferunt.

§. XXV.

Signa uteri rupti diagnoſtica ſunt certiſſima. Saepenumero haemorrhagia e muliebribus cum mutato ventris tumore, („uterus ante repletus tumidusque repente fit inanis"): ſubita ceſſatio veri partus doloris: foetus in abdomen deſcenſus et alia ſymptomata varia, cum narratione aegrae conjuncta, dubio nos eximunt. Non ita ſe habent ſigna tubae ruptae diagnoſtica: conjectura veroſimilis hic tantum ex praegreſſis et dein exortis ſymptomatibus colligitur.

§. XXVI.

Nunc ad hiſtorias, de vera abdominali graviditate differentes, me converto. Quid ſub notione verae abd. graviditatis intelligam, antecedentia docent.

§. XXVII.

Primam, quam jure huc referas, hiſtoriam inveni in Miſc. N. C.

1673. Fr. Bouchardi Obſ. de infante, a morte matris in ventre poſt graviditatis annos XVI, et quod excurrit, reperto. l. c. ann. tertia, obſ. XII. p. 15. Mater nil niſi conſuetos partus dolores paſſa, ſed ſub incredibili totius abdominis diſtenſione ita eſt emaciata, ut ſceletum referret et denique febre lenta et diarrhaea fato fungeretur. Enarratio anatom. ſectionis quam maxime quidem incompleta eſt: quum nil referat, quam quod foetus, apertis integumentis, ſtatim oculo ſe obtulerit, eductis libris

XVI. ſeroſi, ſubcrocei, ſed minime foetentis humoris; et quod vaſa umbilicalia, in extremitate occluſa, trium duntaxat digitorum latitudinem aequaverint: (nil de placenta, nil de utero ejusque annexis!) Attamen non poſſum, quin graviditatem hanc inter veras abdominales collocem ob abſentiam tum haemorrhagiae uterinae, tum dolorum ſaeviorum et ob brevia et occluſa vaſa umbilicalia.

1695. Monconys Voyages, à Paris 8. p. 457. „Une femme ſans pouvoir accoucher mourût: on lui truva un fort beau garçon formè entre la matrice et l'inteſtinum rectum, ſans que la matrice fût en aucune maniere percèe."

1696. Recit exact d'une groſſeſſe extraordinaire, obſervèe à l'Hôtel de Dieu de Paris, en l'annèe 1696. Cf. Dionis l'anatomie de l'homme, à Paris, 1716. 8. p. 314.

Plura ſunt, quae graviditatem hanc abdominalem inter veras eſſe numerandam, evincunt. Situs foetus in abdomine, dum inſpiceretur cadaver, inventus; placenta meſenterio, epiploo et tubae adnexa; uterus cum adnexis in ſtatu naturali et virgineo; omnis e muliebribus abſens effluxus: et denique gravidae erga obſtetricem effatum: „elle lui dit, ait Dionis, que des les premieres ſix ſemaines, qu'elle ſe connu groſſe, elle entra dans des douleurs auſſi grandes que continuelles, qui ſe terminoient toutes vers l'ombilic; que ces douleurs durerat jusqu' au troiſieme mois et que depuis juſqu'au ſixieme mois, elle avoit ètè agitèe de convulſions et d'eſpeces de lètargies, etant Souvent tombèe dans des foibleſſes et des dèfaillances extremes." — Status hicce, ſtatim a primordio graviditatis ortus cumque ceteris nominatis comparatus, luculenter, ni fallor, veram graviditatem abdom. innuit. Non minoris etiam ponderis hic eſt deſcriptio, quam autor de ſtatu tubarum offert. „La trompe droite, inquit, ètoit bouchèe par le retreciſſement et le reſſerrement qu'elle ſouffert un peu au deſſus de l'endroit audevoil commencer le pavillon — l'envelope du foetus peu èpoiſſe ſ'etendoit, depuis la trompe droite dont on la dètacha, juſqu'au milieu de la trompe du côtè gauche où on en trouva une portion, qui ſ'y etoit collèe."

1709. J. J. Courtial nouvelles obſervations anatomiques ſur les os, à Leide. 8. p. 86. Enfant trouvè hors de la matrice. Puerulus maturus et bene nutritus, ſectione caeſarea inſtituta, in abdomine ſitus inveniebatur: placenta, vaſis ſtomachi et epiploi adnexa atque uterus cum ovariis et tubis in ſtatu naturali erant.

1714. P. B. Calvo Mem. de l'Acad. 1714. Lettera iſtorica di Paolo Berhardo Calvo etc. Torino 1714. (ad Anellium) Vid. etiam

Bianchi de naturali in h. c. vitioſa morboſaque generatione hiſtoria. Genev. 8. 1741. p. 84. Femina Taurinenſis, XXVI aetate annorum, jam dudum a ventre, maximeque ab umbilicali ſede impenſe non aſſidue dolebat. — Tumor ventris ſuperiora ſolum loca, potiſſimum umbilicalia, occupaverat, vacua relicta hypogaſtrica ſede. Cum poſt nonum graviditatis menſem crutiatus ſaeviores ſentiret, ſe partui proximam putans, obſtetricem accerſiri curat, quae aſperius, quam decuiſſet, obſtetricari niſa eſt: multa diuturnaque ex muliebribus ſanguinis effuſio ſucceſſit; vomitus acerrimi cum nauſeis perpetuis plerumque inanes; cardialgiae, ſpirandi difficultates, ardentiſſima febris etc. — Plurimi medici conſulti, graviditatem pro ventrali agnoſcentes, tantum partum caeſareum ſupereſſe judicabant, ſed quin promoverent: — febris acutior ardentiorque fit; halitus oris teterrime faetet et aſſiduus ex utero liquaminis cadaveracei odoris fluxus animadvertitur: quae omnia non ſolum foetum mortuum eſſe, ſed etiam ejus communicationem cum uterinis partibus indicant. — Haec et anteriora (effuſio ſanguinis e. g.) me primitus inducebant, ad caſum hunc graviditatibus abdom. falſis accenſendum; ſed relatio anatom. ſectionis ac delineatio, tabulis aeneis oblata, errantem revocarunt. Placenta quippe inteſtinis tenuibus erat adnata atque hoc ipſum eſt, etiam ex ſententia Cl. A. G. Richteri, Praeceptoris ſemper venerandi, ſignum indubium verae graviditatis abdom. Equidem in Bibl. ſua Chir. Vol. X. p. 345. dicit: Im erſten Fall (wo die Frucht während der Empfängniſs in die Bauchhöle fiel) ſizt die Nachgeburt immer am Meſenterio oder irgend einem Darme. — Quomodo vero, fortaſſe interrogas, explicabis fluxum uterinum et haemorrhagiam? — Ex connexu et obliquo aſcenſu ad marginem placentae, quem, teſte Bianchi faciebat tuba ſiniſtra, dilatata ſuo aperto tentorio deductisque fimbriis, atque ex nexu illius deſiderato cum uteri fundo, quum nempe utrique parti (utero et placentae) tenue interpoſitum eſſet inteſtinum. Bianchi l. c. pag. 93.

1717. Louis Leger de Gouey La veritable Chirurgie, à Rouen. 8. p. 401. Obſervation d'une jeune Demoiſelle, à laquelle on trouva un petit foetus dans une tumeur, qui lui ſurvint à l'Aine. Autor, hunc tumorem ſe primum pro bubone venereo habuiſſe, ipſe fatetur; ſed tumore, quin doleret, increscente, D. de Gouey operatio-

nem

nem bubonoceles inſtituit. Invenit tum ſacculum et in eo puerulum duos ſ. tres menſes poſthaec viventem. Placenta, dicit: etoit attachè à la circonferance de l'anneau du muſcle oblique externe et aux parties voiſines. Autor ipſe graviditatem hanc pro vera abdominali habet, dum dicit: Il y a apparence, quae cet oeuf avoit ſorti par la diſtance, qui ſe trouve entre les dentelures de la trompe, lorſque l'ovaire en ètoit embaraſſe et qu' aprés etre tombè dans l'abdomen etc. — Sed dubito, an hiſtoria ipſa veritati plane reſpondeat.

1716. M. Martin, le Fils. Hiſt. de l'Acad. des Sciences, à Paris 4. (Amſt. 8. p. 32.) Une femme ceſſa d'avoir ſes regles, et eut des vomiſſemens et des coliques que rien ne gueriſſoit. Son ventre s'enfloit de jour en jour et elle y ſentoit comme un corps vivant, qui s'agitoit et ſe dèbatoit, il ètoit cependant incertain, qu'elle fût groſſe, parceque l'enfant s'il y en avoit un, n'ètoit certainement pas dans la matrice. Au bout d'environ neuf mois de ſouffrances elle en eut de plus vives que jamais; aprés quoi elle ne ſentit plus les mouvemens de ce prètendu corps vivant; mais les vomiſſemens accompagnès d'un cours de ventre continuel continuerent encore ſix mois, au bout deſquels elle mourût. M. Martin l'ouvrit et comme il la croyoit hydropique, il fit d'abord la ponction au ventre, d'où effectivement il ſortit XII. pintes d'eau rouſſe ſans odeur et pas trop trouble. Mais aprés cela il trouva un enfant de IX. mois, qui occupoit tout le côtè droit du ventre. — Le cordon ombilical n'avoit de long que XIII. pouces et partoit a l'ordinaire du placenta, qui par un nombre infini de rameaux et de fibres s'attachoit ſur la I. II. III. vertebres des lombes. — La matrice et les trompes en bon ètat."

1727. J. E. Tuerck Hiſt. mulieris, varia oſſa per alvum ejicientis. — Vid. Halleri Diſſ. med. pract. Vol. IV. p. 793. Autor quidem caſum hunc, et cum illo etiam Joſephi ad veras abdom. graviditates numerat; ſed hiſtoria geſtationis ita manca eſt, ut ſolummodo liceat auctorem ſequi.

1730. Jo. Jac. Grambs Anatom. Beſchreibung eines monſtröſen Gewächſes, welches in dem Leibe einer Frauen von 53 Jahren an ein gewiſſes Stück des meſenterii angewachſen und 18 Pfund ſchwer ausgewachſen gefunden worden. Frankf. 4. — Dentes, capilli et oſſiculum maxillae, infantili ſimile, originem molae hujus oſtendunt, et opinionem, ac ſi mera excreſcentia fortaſſe fuerit, tollunt. Uterus cum adnexis in ſtatu naturali inveniebatur. §. 9.

1737. Fr. Ign. Lospichler in Act. N. C. Vol. iv. p. 89. De gemellis utriusque ſexus, per ſex annorum ſpatium in abdomine matris extra uterum absque ulla corruptione geſtatis. Ex anatom. ſectione ſequentem hiſtoriam ſolummodo allego: „Uterus quidem naturalis erat, plane conſtitutus, niſi quod ratione magnitudinis admodum exiguus deprehenderetur. Peritonaeum vero, extremas inteſtini recti, veſicae et uteri partes ambiens, undique gangraena tactum, obſervabatur etc.“

1743. W. Bromfeild Phil. Transact. n. 460. p. 697. Foetus, quem cum IX. annis femina geſſiſſet, apparuit in ventre adoleviſſe: conjunctus cum colo et inteſtino recto inveniebatur: uterus et tubae incolumes erant.

1767. C. Kelly medical obſerv. and inquiries, Lond. 8. De foetu, extra uterum reperto. Placenta, inſignis molis, peritonaeo erat adfixa ad dextram abdominis ſedem, et tamen foetus durante ipſo enixu vixerat.

1778. J. G. Walter Geſchichte einer Frau, die in ihrem Unterleibe ein verhärtetes Kind 22 Jahr getragen. 4. Berlin, mit Kupf.

Praecipue quidem hic caſus inter veras graviditates abdom. numerandus eſt; ſed tamen haud diffiteor, narrationem Celeb. Autoris de ſaeviſſimis doloribus, mox tolerabilibus, circa tempus noni menſis in regione uteri ſentitis, (§. 8.) conjunctim cum dicta magnitudine, ea maturi foetus, (§. 11.) et induratione in ovario dextro (§. 10.) ſententiam meam mox alienaſſe, niſi defectus placentae et funiculi umbilicalis nimis accumulaſſent difficultates, eam pro falſa habendi graviditate abdominali, quae primum fuerit graviditas ovaria.

1791. Baynham in medical facts and experiments. Vol. the firſt. Lond. 8. Conf. Richteri Bibl. Chir. Tom. XII. p. 211. De graviditate extra-uterina. Foetus putridus inciſione, in loco inflammato circa umbilicum facta, exemptus. Nulla haemorrhagia nec alius effluxus e muliebribus toto tempore geſtationis adfuiſſe dicitur: qua de re ad veras abdom. graviditates caſum hunc refero.

Haec ſunt, quae pro viribus colligere poteram, licetque hiſtoriam harum obſervationum completam eſſe non putem, utiliter tamen eas addi hic poſſe, credidi.

§. XXVIII.

§. XXVIII.

Cauſae, quae graviditatem abdom. veram poſſint producere, in ſtatu praeternaturali vel tubae Fallopianae vel ovarii quaerendae ſunt: eas ſingulatim collocatas invenies in Joſephi Diſſ. §. 14.; ut ideo his diutius non immorer.

§. XXIX.

Quod denique ſigna diagnoſtica verae abdom. graviditatis attinet, facile intelligitur, ea certis in adjunctis, ſeu caſu complicato, multo difficilius agnoſci, quam ſi phaenomena partus naturalis complicentur acceſſu morborum aliorum. Sed tamen ſigna generalia graviditatis abdom., ex omnibus narratis obſervationibus deſumta, poſſunt nos in hac via obſcura ducere. Equidem, ut fere in omni ſtatu morboſo, ſic etiam hic declinationes in caſu ſingulari occurrunt, quae tamen medicum, dummodo circumſpecte agat, fallere nequeunt. Signa haec generalia Cl. Boehmer optime enumeravit in Obſerv. anat. rarior. P. I. p. 50. et P. II. p. 28. Ad ejus ſententiam haec ſunt: „Tumor ventris, loco quodam abdominis lente creſcens, inaequalis, gravativus, admodum moleſtus, ponderoſus atque plus vel minus dolens; rarus foetus inſolitus notus; uterus vacuus ejusque orificium clauſum et immutatum; mammae ut plurimum lacte vacuae et flacceſcentes, nonnumquam tamen, praeſertim in graviditatis initio, turgentes; ſpirandi anguſtia ob diaphragmatis deſcenſum impeditum; crebrior vomitus ab irritato pari nervorum vago; febres anomalae; irriti partus labores, cum cruciatibus in abdomine; menſtrua irregularia aut plane ſuppeſſa; tactus externus partium foetus; putridus ſanguinis humorumque per uterum vel anum fluxus; oſſium denique vel per abſceſſum abdominalem, vel perforatum rectum dejectiones.“ His addi poteſt, quod Graviditas ad perfectum partus terminum protrahetur, quando, ex mente Cl. Roedereri [d]), chronici morbi incommoda cum ſiccis menſtruorum, apertis autem lactis fontibus, femina patitur.

§. XXX.

Ad ſervandam vitam gravidae et in caſibus licet rarioribus vitam ipſius foetus, nulla niſi in operatione caeſarea, quae protinus ſuper ipſo loco tumente inſti-

[d]) Ars obſt. p. 302.

inſtituatur, ſpem ſupereſſe, ex theoria crederes, infauſtaeque obſervationes opinionem confirmarent, niſi alii eventus vel per abſceſſum limitatum, chirurgica arte ad ſanationem, poſt contentorum praeternaturalium extractionem, perducendum; vel per foetus innocuam factam naturam, ut cum eo matres ſanae per plurimos, imo per quadraginta annos, qualem Ill. Meckel, Filius, novit in Anglia, degant, obſtarent. Minus tamen certi quum proſperi ſint hi exitus, quam infauſti illi; non plane omnino rejicienda ad ambiguam ſanationem operatio eſt, et ex ea parte minus horrenda, cum hyſterotomia ab ea abſit; gaſtrotomia, minus periculoſa, ſufficiente. Quibus autem in adjunctis ſectio caeſarea inſtituenda ſit, ſi ea permittitur, hoc medicus ex ſtatu ſingulari aegrotae ſolummodo colligat.

TABU-

Tabularum Explicatio.

Figura Prima.

SITVS FOETVS VENTRALIS, INTRA ABDOMINIS CAVVM INTER INTESTINA APERTO ABDOMINE CONSPICIENDI.

A. A. Reclinata abdominis cruciatim diſciſſi integumenta cum muſculis abdominis, peritonaeo obductis.

a. dextri labii triangularis ſuperioris peritonaei internae faciei adhaerentia fruſtula membranae, quae foetum ambiiſſe videtur, qualia etiam in c. foetus genae dextrae et in d. circa carpum manus dextrae ejusdem habentur; chorii nempe (forſan cum omento olim connati) ac per fruſtula peritonaeo agglutinati portiones eſſe videntur.

B. B. Labia inferiora diſſectorum abdominis integumentorum, peritonaeo obducta.

C. Hepatis ſuperficiei ſuperioris et marginis anterioris acuti pars. Hepar connatum erat membranae praeternaturalis ope cum diaphragmate utroque in lobo; ſimili modo hi lobi in unum connati eſſe videbantur, donec ablata membrana praeternaturali, utriusque figura et habitus naturalis, ut in Fig. ſecunda, appareret.

b. ligamentum hepatis rotundum.

D. D. Inteſtini Jejuni ſupra foetum aſſurgentis portio.

E. Inteſtini coli transverſi, ſurſum in hypochondrium ſiniſtrum preſſi et retro caput infantis deſcendentis pars.

F. Inteſtini recti portio. G. Capitis foetus ſinciput dextrum.

H. Ejusdem occiput. I. Ejusdem frons verſus oculum dextrum.

K. Cutis frontis tumida, protuberantiam ſaccatam ante os frontis formans, qui tumor plica profunda a latere capitis diſtinguitur.

L. Gena dextra, cui adhaeret

c. portio chorii ſupradicta.

M. Collum inter humeros depreſſum.

N. Dorſi ſub collo inter Scapulas initium.

O. Scapula dextra. P. Scapulae ſiniſtrae regio.

Q. Plica ad latus Spinae dorſi propre os Sacrum verſus ani fiſſuram a ſiniſtris ad anum deſcendens.

R. Siniſtra natium protuberantia.

S. Dextra. T. Femur dextrum, ſub funiculo et manu, ac foetu ipſo ſeſe flexo genu incurvans.

U. Abdominis pars inter thoracem et genu dextrum conſpicua. V. Thoracis dextrum latus.

W. Bracchium dextrum ovario incumbens, circa quod

d. Membranae chorii ſupradicta portio volvitur.

e. portiunculae pinguedinis, omnem foetus cutem obducentis.

f. Loca cutis epidermide deſtituta.

X. Funiculi umbilicalis portio retro caput in ſiniſtro latere deſcendens et flexu ſupra inteſtinum rectum facto, dextrorſum retro ovarii tumorem pergens.

Y. Ejus continuatio inter bracchium et femur dextrum foetus iterum apparens et flexuoſo tractu deorſum et ſiniſtrorſum ad ovarii tumorem pergens.

Z. Ovarii dextri, foetus placentae vaſa recipientis, tumor praeternaturalis.

g. Vaſorum umbilicalium rami ſupra ovarium diſperſi.

Figura

Figura Secunda

FOETVS EXTRA VTERVM LOCATI, E SEDE SVA MOTI, VT AB ANTERIORI FACIE CONSPICI POSSIT, HABITVM OFFERT. VASIS INIECTIONE REPLETIS, VISCERVM ABDOMINIS MATRIS ET FVNICVLI VMBILICALIS VASA, AD FOETVM PERGENTIA APPARENT, OVARII TVMORIS POSITV NATVRALI SERVATO.

A. A. a. Labia integumentorum Abdominis cum muſculis et peritonaeo ſurſum deorſumque reclinata.

B. Hepatis lobus dexter. — C. Siniſter.

b. fundus veſiculae felleae ante marginem acutum lobi dextri eminens.

c. ligamenti hepatis ſuſpenſorii anterior pars, ejusdem ligamentum rotundum ſ. venam umbilicalem involvens et in inciſuram marginis acuti ſeſe dimittens; reliqua parte hepatis ſuperficiei ſuperiori adhaerente.

D. Ventriculus collapſus e robuſtis tunicis effectus.

d. ejus vaſa gaſtro-epiploica.

E. Inteſtinum Jejunum cum vaſis per meſenterium decurrentibus, a foetu iis incumbente compreſſis, uti et inteſtina ipſa erant.

F. Ilei inteſtini a Jejuno continuatio, quae tecta a Jejuno et ab ovarii tumore intra pelvim, non niſi in fine ſuo apparet.

G. Finis Ilei inteſtini in colon adſcendens.

H. Inteſtini craſſi pars coeca ſ. fundus.

e. Appendix ejus vermiformis.

I. Coli inteſtini pars adſcendens.

K. Coli pars transverſa ad flexum lienalem usque, unde deſcendendo pergit.

L. Ejusdem pars deſcendens.

M. Flexus Iliacus coli, retro tumorem in inteſtinum rectum deſinens.

f. ligamenti omentalis nomine veniens ſtratum fibrarum longitudinalium coli.

g. g. vaſa Ileo-Colica.

N. Ovarium dextrum, praeter naturam tumidum, pelvis aperturae ſuperiori incumbens, utero annexum, in fundum pelvis ab ipſo ovario depreſſo et abſcondito.

O. Venae umbilicalis truncus per funiculum umbilicalem tractu, ut ſolet, flexuoſo continuatus.

h. membrana amnios venae umbilicalis duos, in quos finditur, ramos obducens.

P. Ramus venae umbilicalis inferior.

i. k. ejus ramuli, per partem ovarii inferiorem in ſuperficie anteriori diſperſi et in ovarii tumorem profunde demiſſi.

Q. Ramus hujus venae ſuperior:

l. m. hujus ramuli in parte ſuperiori tumidi ovarii per ſuperficiem poſteriorem imprimis et in ſuprema parte anterioris ſuperficiei diſperſi.

R. Arteria umbilicalis anterior, per umbilici funem continuata et ramis ſuis in anteriorem ovarii faciem pergens.

S. Arteria umbilicalis poſterior, ut anterior per foetus umbilicum emergens, per funiculum continua,

n. retro venam conſpicienda et ramis ſuis ad poſteriorem ovarii faciem continua.

Figura Tertia.

OVARIVM DEXTRVM TVMIDVM CVM VASIS PROPRIIS IPSIVS TAM ARTERIOSIS QVAM VENOSIS ET IIS, QVAE AD FVNICVLVM VMBILICALEM EFFICIENDVM IN SVPERFICIE OVARII ANTERIORI ET SVPERIORI DISTRIBVVNTVR.

1. Viſcera.

A. ren dexter a. ureter hujus renis reſectus, eadem littera verſus veſicam urinariam notatus.
B. ren ſiniſter. b. ureter hujus lateris pone tumorem ovarii deſcendens.
C. C. C. Ovarium dextrum tumidum cum vaſis propriis et iis, placentam efficientibus, a latere dextro et inferiori conſpicuum.
D. Tuba Fallopii dextra, huic ovario adhaerens, naturali brevior, et amplior, auguſto oſtio terminata.
E. Ligamentum ovarii uterinum in ovarii tumorem ex utero continuatum, naturali denſius.
F. Uteri, ſub et circa ovarii tumorem reclinati ſuperficies anterior convexa.
G. Ejusdem ſuperficies poſterior, tumori ovarii obverſa, concava ut tumorem ovarii recipiat, quae in ſtatu naturali convexa eſſe ſolet.
H. Uteri fundus. I. Ejusden in tubam ſiniſtram retro ovarium tumens elongatio.
K. Colli uteri portio ſuperior, peritonaeo obtecta.
L. Colli uteri portio inferior, peritonaeo orbata, cum vagina illi extus adhaerente.
M. Vagina uteri a collo uteri inde ad usque genitalia externa.
N. Cutis labii dextri genitalium, perinaei et ani replicata.
O. Labium vulvae ſiniſtrum. P. Labium ejus dextrum.
Q. Crus clitoridis dextrum reclinatum. R. Veſica Urinaria.
S. Peritonaeum, naturali multo craſſius, veſicae poſteriori ſuperficiei adhaerens et ad uteri colli ſuperficiem anteriorem pergens.
T. T. T. Inteſtinum rectum.
U. Membranae Placentae, ovario adhaerentes et a peritonaeo, ovarium obducente, ſeparatae, vaſa placentae ſupra ovarium ſparſa obtegentes, ut et ea ovarii, disruptae et varias plicas efformantes; quae rupturae jam in vita matris a perrumpente et in abdominis cavum dilabente foetu accidiſſe videntur.
V. Arteria aorta W. Vena cava intra hepar, reſecta
X. Vena renalis ſiniſtra. Y. eadem dextra. Z. arteria renalis ſiniſtra.
c. arteria renalis dextra pone venam cavam ad renem pergens.
d. arteria coeliaca. e. arteria phrenica dextra. f. arteria meſaraica ſuperior.
g. arteria ſpermatica ſiniſtra. h. arteria ſpermatica dextra ſuperior, retro venam cavam et ſupra venam renalem dextram inflexa; comite vena ſpermatica dextra minori, ſerpentina via ad ovarii inferiorem et anteriorem partem deſcendens; antea vero in duos ramos,
i. inferiorem, k. ſuperiorem diviſa; plexum ibidem et ad ovarium continuum, cum intermixtis venarum ſpermaticarum plexuoſis ramis efficiunt, per anaſtomoſes tam cum ſpermatica interna majori, quam cum uterina et ſpermaticis externis, terminatum.
l. arteria ſpermatica dextra inferior, venae ſpermaticae dextrae majoris comes, pone eam deſcendens, emiſſa
m. arteria adipoſa et glandulis lumbaribus proſpiciente, flexuoſo tractu deſcendit et dividitur in

n. per minorem ramum, ante venam ſpermaticam dextram incedentem flexubus anguſtioribus, tandem per anaſtomoſes cum antedictis arteriis et cum trunci ſub vena ſpermatica apparentis et in inferiorem ovarii partem decurrentis ramis finitur.

o. Arteria meſaraica inferior.

p. Arteria cruralis. q. arteria Epigaſtrica. r. arteria ſpermatica externa prima. s. — ſecunda. Elegans harum arteriarum progreſſio, quae ſpiris arcte contortis per foramen abdominis ovale in abdominis cavum, fibris et celluloſa ligamenti rotundi obductae incedunt, et denique arctiori adhuc ſerpentino tractu convolutae incedunt, ea eſt, ut ad uteri latus dextrum pergant et plurimis in locis cum ſpermaticarum et uterinarum arteriarum ramis conjungantur.

t. Arteria circumflexa Ilium interna. u. Arteria hypogaſtrica.

v. Arteria umbilicalis ligamentoſa facta.

w. Arteria uterina, diametro aucta, ſerpentino tractu ad uterum pergens.

x. ejus ramus ad uteri collum pergens, inferior.

y. ejus ramus ſuperior, in uteri corpus tendens.

z. ejus ramus exterior, cum ſpermaticis tum externis, tum internis per anaſtomoſes nexus.

α. α. truncus communis arteriae vaginalis et haemorrhoideae mediae ex hypogaſtrica.

b. arteria vaginalis, ramulo ad veſicam urinariam emiſſo, ad vaginae membranam pergens.

β arteria haemorrhoidea media in vaginam ramis γ. γ. et inteſtinum rectum terminata.

δ. arteria iſchiatica e pelvi pergens.

ϵ. venarum lumbarium inferiorum truncus, ex vena renali ſiniſtra ortum ducens, unde reflexa pone venam renalem adſcendendo, venas lumbares recipit.

ϱ. vena ſpermatica ſiniſtra major, a ſiniſtro ovario pone tumorem dextri adſcendens et in truncum ε finita. η. vena e glandulis lumbaribus redux, reſecta.

ϑ. vena ſpermatica ſiniſtra minor in renalem terminata.

ι. vena glandulae ſuprarenalis ſiniſtra.

$\varkappa$. vena ſpermatica dextra minor ſuperior conjuncta cum

λ. vena ſpermatica dextra minori inferiori, in

μ. conjunctae ad ovarium dextrum ramis ſuis terminantur.

ν. vena ſpermatica dextra magna eximie dilatata.

ξ. ejus ramus in o, in unam iterum venam cum υ. conjunctus; inflexus dein circa ovarii partem dextram et inferiorem, dividitur in

ϖ. ramum inferiorem majorem et ϱ. ramum minorem ſuperiorem; convenientes poſtquam ſaepius ſubdiviſi fuerunt, in

σ. σ. plures anaſtomoſes cum venae uterinae ramis formantes et in

τ. τ. cum maximis hujus venae ſupra ovarium diſtributis ramis conjunguntur.

φ. plexus venarum ſpermaticarum ovarii, ex quo rami inter ſe implicati ovarii ſubſtantiam intrant atque in illud diſperguntur.

Omnes hae venae ultra naturales terminos dilatatae plexus maximos in ovarii parte inferiori efformant, omnesque tam arteriarum ovarii quam venarum ipſius rami cum ramis venarum et arteriarum umbilicalium ita cohaerent, ut ex uno in alterum horum vaſorum ſyſtema materia injectione indita facile tranſierit; indicio, inter haec vaſorum ſyſtemata communionem eſſe.

χ. Vena cruralis. ψ. Vena hypogaſtrica. ω. radix venae uterinae ex hypogaſtrica minor.

Γ. Ra-

Γ. Radix venae uterinae ex hypogaſtrica major.

Δ. Ramorum uterinorum venoſorum in unam venam uterinam majorem conjunctio.

E. Vena uterina major verſus uterum adſcendens.

Z. Ramus venoſus colli uteri.

H. Venae uterinae ramus ad ovarium adſcendens.

Θ. Hujus venae uterinae truncus nunc maxime dilatatus, in ovarium intrans diviſus in

1. ramum, plexum venoſum a ſpermaticis venis effectum intrantem, indeque ad ovarium tendentem;
2. ramum cum ramis venae ſpermaticae σ. σ. conjunctum;
3. retro venas ſpermaticas profunde ſub ovarii ſubſtantia ſurgentem.
4. profundiſſimum ſubſtantiae ovarii immerſum.

I. Ramus venae uterinae exterior in venae ſpermaticae
π. ramos, anaſtomoſi facta, pergens.

K. venae uterinae ramus ſuperior ad ovarium in τ τ cum ramis venae ſpermaticae conjunctus.

Λ. M. Anaſtomoſes hujus venae cum venis uterinis minoribus.

N. Vena vaginalis, mox plexuoſe ramificata.

Ξ. Vena Iſchiatica.

O. Arteriae umbilicalis majoris in ſuperficiem poſteriorem ovarii voluti ramus inferior.

Π. Ejusdem ramus ſuperior.

P. Major ramus, unde antea dicti prodeunt.

Σ. Ramus arteriae umbilicalis ſiniſter.

T. Hujus arteriae truncus.

Φ. Arteria umbilicalis anterior minor, in anteriorem ovarii ſuperficiem ramos ſuos ſpargens.

X. Venae umbilicalis ramus a poſteriori ovarii ſuperficie ad ſuperiorem pergens in magnum ramum X. dextrorſum tendens.

Ψ. Alius ejus ramus, a poſteriori ovarii facie circa dextram ovarii ſuperficiem volutus, anterius in magnum ejus ramum pergens,

Ω. Ω. Venae umbilicalis maximus ramus, retro arteriarum ramos in truncum venae umbilicalis terminatus.

1. venae umbilicalis ramus cum arteria Φ a ſuperficie ovarii poſteriori adveniens, membranis placentae ſuppoſitus, atque inter arteriam τ et venam umbilicalem cum ramo Ω. conjunctus.
2. Venae umbilicalis truncus per funem adſcendens.

Figura Quarta

TVMOREM OVARII DEXTRORSVM RECLINATVM MAGIS A POSTERIORI ET INFERIORI FACIE OFFERT CVM VTERO IPSI ADHAERENTE; VASIS OVARIVM ET VTERVM ADEVNTIBVS AEQVE EXACTE AC VMBILICALIBVS IN HAC OVARII PARTE CONSPICVIS.

A. Uteri fundus et corpus.

B. Ejus collum, cum utero ipſo angulum obtuſum lateraliter formans ita, ut a tumido ovario antrorſum preſſum uteri corpus ad veſicam urinariam inclinaretur, cervix vero ad poſteriora vaginae ver-

geret

geret. Naturali hinc major eſt cervicis parietum compreſſio ab anteriori ad poſteriorem faciem uti et idem habitus in uteri orificio oppetit.

C. Orificii uteri labium poſterius cum apertura ante idem locata; labio anteriori in vaginam continuo.

D. Tuba Fallopii dextra ovarii tumori agglutinata, ita ut non niſi apertae et per omnem longitudinem diſſectae tubus et apertura externa apparuerint.

a. a. a. peritonaeum ſupra veſicam urinariam uterum tubamque dextram ad ligamentum latum ſiniſtri lateris circa ligamentum rotundum hujus lateris portio.

E. Tumor ovarii expanſi a ſuperficie inferiori et poſteriori, pelvim reſpiciente, conſpicuus.

F. F. Membrana, cui placentae vaſa inhaerent, jam ante disquiſitionem tumoris, in hoc margine diſrupta et revoluta.

G. G. Arteriae umbilicalis majoris poſterioris ramus dexter inferior.

H. Ejusdem ramus ſuperior.

I. Horum ramorum truncus, e quo emergunt

K. Ramus ſiniſter arteriae umbilicalis majoris.

L. Arteriae umbilicalis majoris truncus.

M. Arteriae umbilicalis anterioris ramus.

N. Ejusdem arteriae truncus intra umbilici funem.

O. Ramus venae umbilicalis minor a ſuperficie anteriori inter arteriae ramos ſurgens.

P. Locus ejus inſertionis in venae truncum.

Q. Ramus venae umbilicalis major ab anteriori tumoris facie adveniens.

R. Venae umbilicalis truncus per funiculum adſcendens.

S. Tumoris placentiformis ovarii pars, ſupra vaſa ſpermatica, peritonaeo tantum obducta, gyroſa, inaequalis ab effuſo ſubtus ſanguine coagulato.

T. T. T. tumoris ovarii pars infra vaſa ſpermatica, venoſa viridi injecta maſſa repleta, duplici membrana obtecta, (ſaccum venoſum quaſi referens).

U. Vena ſpermatica dextra major ad ſuperficiem ovarii poſteriorem continua.

V. Ramus ejus ſuperior minor.

W. Ramus ejus inferior minor.

X. Ramus medius major, ſive continuatio trunci.

Y. Ejus ramus ſuperior.

Z. Ejus ramus inferior in ramos numeris 1. 2. 3. 4. notatos diviſus.

Γ. Plexus ovarii ex his venis profunde enatus.

Δ. Vena uterina ſub tuba Fallopii dextra ad ovarii tumorem pergens.

E. Ejus ramus cum venae ſpermaticae ramo.

Z. Ejus ramus cum venae ſpermaticae ramo conveniens, numero 4 notato.

H. Anaſtomoſis cum No. 3.

Θ. Anaſtomoſis cum No. 1.

I. Venae uterinae ramus trans ovarium ad dextram ejus faciem pergens et in ſuperficie ipſius anteriori per anaſtomoſes cum venis ſpermaticis junctus.

K. Ramus venae uterinae cum ramo z venae ſpermaticae mediae junctus.

Λ. Vena uterina, arteriae comes ad uteri latus descendens.

M. Vena a collo uteri ad truncum ſurgens.

N. Vena ab ovarii inferiori parte ad venae uterinae truncum pergens profunde.

P. Truncus venae uterinae in venam hypogaſtricam continuus.

Σ. Trun-

Σ. Truncus e plexu vaginali in venam hypogaſtricam pergens.

Τ. Υ. Radices quaſi inſularum in modum unitae, quarum ope vena uterina cum hypogaſtrica convenit.

Φ. Vena Iſchiatica reſecta.

X. Vena cruralis. Ω. Arteria epigaſtrica.

b. arteria ſpermatica externa prima.

c. arteria ſpermatica externa ſecunda; utraque ad uteri partem ſuperiorem ſurgens.

d. Arteria umbilicalis ligamentoſa ex hypogaſtrica.

e. Arteria uterina dilatata, ſerpentina via juxta omnem uteri longitudinem adſcendens; ad latus corporis uteri in plures ramos diviſa.

f. Ejus ramus ad uteri cervicem.

g. truncus communis arteriae vaginalis et haemorrhoideae mediae ex hypogaſtrica.

h. arteria vaginalis. i. arteria haemorrhoidea media.

k. arteria pudenda communis ad clitoridem usque per vaginam ſparſa.

l. ejus rami circa rectum.

m. arteria Iſchiatica ſub exitu e Pelvi reſecta.

n. ramus arteriae ſpermaticae dextrae cum vena emergens, et ad ovarium et uterum pergens.

o. arteriae ſpermaticae dextrae ſub ovarii membrana continuatio.

p. Ureter dextri lateris.

q. veſica urinaria collapſa, reflexa ad anteriora, cum fundo uteri cervici adhaerens.

r. vaginae apertae interna ſuperficies rugis deſtituta.

s. vaginae diſciſſae ſubſtantiae craſſities.

t. ſinus vaginae praeternaturalis ſub uteri orificio.

u. urethrae oſtium. v. Nymphae dextrae diſciſſae labia.

w. nympha ſiniſtra. x. Caruncula myrtiformis. y. Clitoris.

z. Labium vulvae ſiniſtrum. α. Ligamentum uteri rotundum ſiniſtrum. β. tuba Fallopii ſiniſtra.

γ. Ovarium ſiniſtrum ſolito longius. δ. fundus uteri.

ε. arteria ſpermatica ſiniſtra. ζ. venae ſpermaticae ſiniſtrae ramus. η. arteriae ſpermaticae rami ad tubam.

θ. venae ſpermaticae ſiniſtrae truncus. ι. rami ejus ad tubam.

κ. venae ſpermaticae duae ad uterum continuae.

λ. arteriae ſpermaticae ſiniſtrae ramus ad uterum.

μ. Inteſtinum rectum. ν. Orificium ani.

Figura Quinta.

VTERVS CVM VAGINAE PARTE SVPERIORI PER OMNEM LONGITVDINEM APERTVS VNA CVM TVBA DEXTRA AEQVAE DISSECTA; VT HARVM PARTIVM CAVITAS APPAREAT EO MELIVS, FILIS DISTRACTI SVNT PARIETES.

A. A. Fundi uteri ſubſtantia diſſecta, in qua vaſorum injectione repletorum plura lumina conſpiciuntur.

B. Fundi uteri ſuperficies ſuperior in poſteriorem continua.

C. C. Superficies uteri anterior reclinata verſus vaginam et veſicam urinariam.

 D. D. D.

D. D. D. Corporis uteri in parte dextra diſſectione aperti ſubſtantia, in qua vaſorum lumina aperta plurima conſpiciuntur.

C. Oppoſitum diſſecti uteri latus.

F. F. F. Colli uteri elongati, compreſſi, in latere dextro aperti ſubſtantia denſior, alba, a corporis uteri infima parte ad orificium usque conſpicua.

G. G. G. Latus ſectionis hujus oppoſitum.

H. Margo cavitatis uteri triangularis ſuperior, unde ſinus quaſi dilatatus ad oſtium tubae dextrae internum pergit; glabram efficit hanc partem membrana obtegens uteri villoſa.

I. Cavitatis uteri finis inferior verſus orificium uteri internum.

K. K. Cavitatis colli uteri ſuperficies poſterior, plicis longitudinalibus et ſinubus mucoſis ubique in intima membrana praedita.

L. L. Ejus cavitatis paries anterior.

a. a. orificii uterini margo in vaginam prominens.

M. M. Vaginae, rugis deſtitutae ſuperficies interna.

b. b. Ejus parietis craſſities.

c. Sinus cavitatis uteri dexter ſive dilatatae tubae Fallopianae oſtium internum.

N. Uteri corporis ſuperficies externa dextra.

O. Tubae Fallopianae dextrae per omnem longitudinem fiſſae et apertae ſubſtantia naturali craſſior, vaſculoſa.

P. Tubae hujus in membranaceam naturam extenuatae finis et apertura in ovarii ſuperficie.

d. Cavitas tubae apertae, villoſa tunica obſita.

Q. tumidi ovarii pars utero proxima.

R. Arteria uteri dextra ad uterum et ovarii tumidi dextrum latus.

S. Vena uterina ejusdem lateris.

T. Veſicae urinariae portiuncula.

U. Ureteris dextri reſecti portio, ad veſicam urinariam perveniens. V. Ea ureteris dexteri portio, quae litteris f. f. in Fig quarta notatur, hic appoſita, ut hujus cum dictae figurae correſpondens habitus appareat.

F i n i s.

V I R O

I L L U S T R I S S I M O, A M P L I S S I M O,

D O M I N O,

CAROL. FRIDER. BALLHORN,

REGI BORUSSORUM A CONSILIIS JUSTITIAE SECRETIORIBUS
ET DIRECTORI COLLEGII, QUOD RES PUPILLORUM
IN MARCHIA ADMINISTRAT,

AVUNCULO, OMNI OBSERVANTIA SUSPICIENDO,

HASCE

PIERIDUM PRIMITIAS

IN

PUBLICUM

MAXIMAE REVERENTIAE ET GRATI ANIMI MONUMENTUM

OB

SUMMA IN SE MERITA CUM ARDENTISSIMIS PROSPERITATIS PERENNIS ET FELICITATIS OMNIGENAE

VOTIS

SACRAS ESSE CUPIT ET OFFERT

AUTOR.

THESES.

I.

Pars eſſentialis geniturae viri principium volatile ſ. aura ſeminalis eſſe videtur.

II.

Narratio hiſtorica, ſi haec accurate, integre, vel ab experta obſtetrice, vel a viro rei gnaro traditur, in cognoſcendo ſtatu graviditatis, optimum eſt ſignum diagnoſticum, quum plurima, ea deficiente, incerta ſint.

III.

Locus conceptionis eſt uterus, foecundationis ovarium.

IV.

Foetus tubarius numquam ad eum perfectionis gradum pervenire poteſt ad quem pervenit uterinus ob diverſam ſtructuram cavorum iſtorum.

V.

Itaque hoc in caſu numquam ſectionem caeſaream inſtituerem.

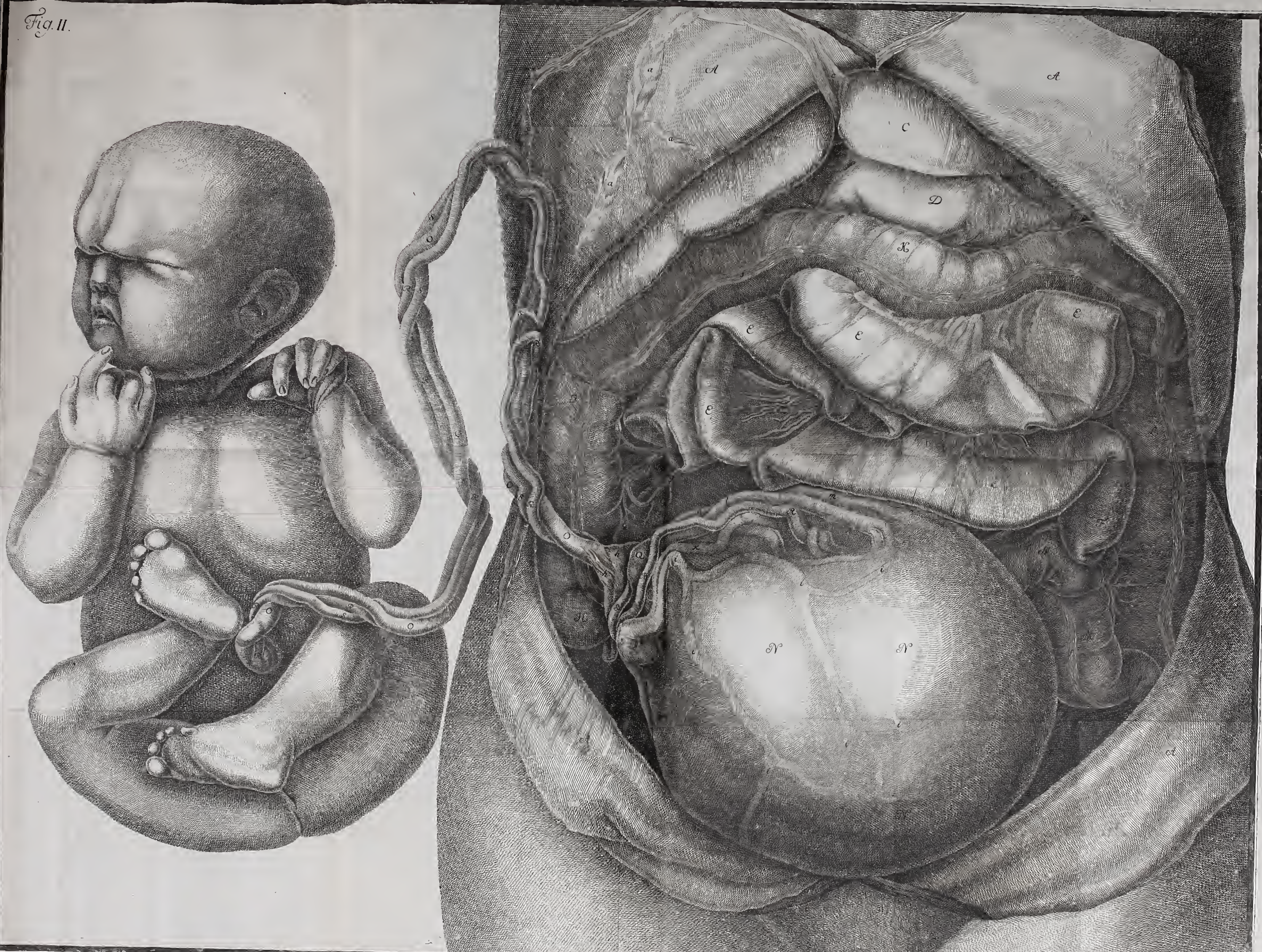
VI.

In omni graviditate extra-uterina ſectio caeſ. praeprimis ad ſervandam foetus vitam inſtituenda.

Fig : I.

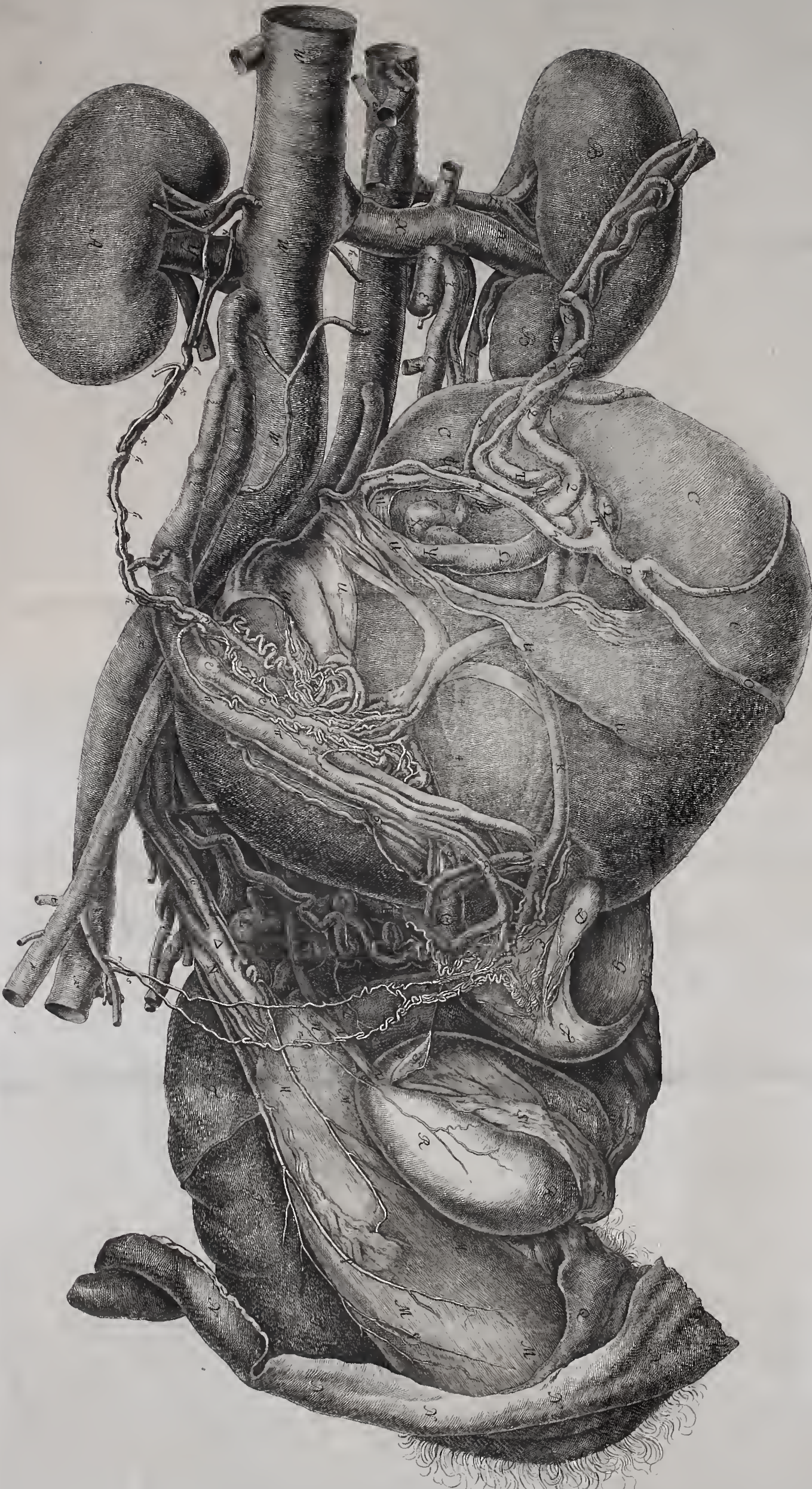


Fig. II.



J. B. G. Hopffer, ad nat. delin.

Daniel Berger, Filius Sculpsit, Berol. ai. 1768

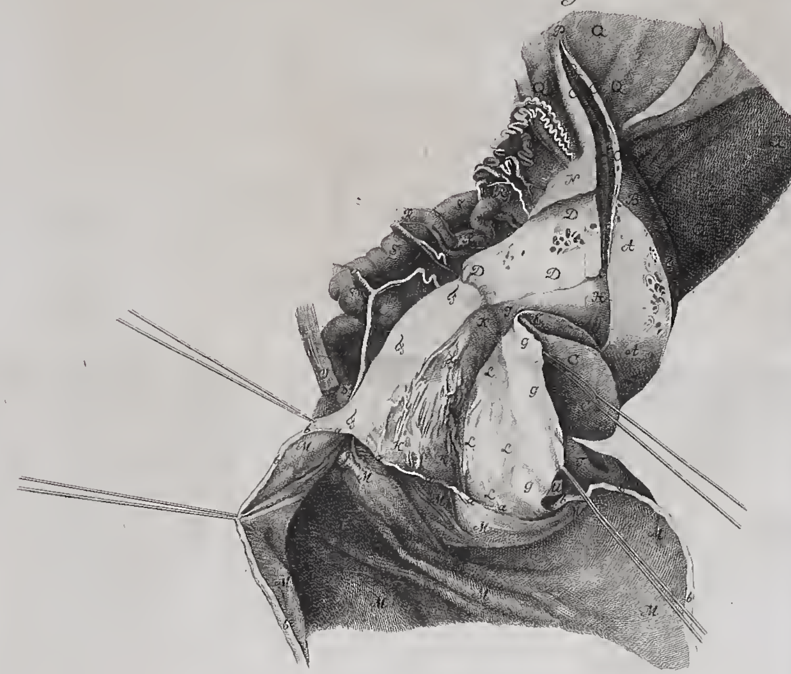


G. Höpfer ad nat. delin. C. B. Glaßbach ſculps. Berolini

Fig. IV.



Fig. V.



H.B.G. Hopfer ad nat. delin.

Daniel Berger, Filius Sculpſit Berolini 1769

A CASE

OF

EXTRA UTERINE GESTATION,

OF THE

VENTRAL KIND.

[Price TWELVE SHILLINGS.]

A CASE

OF

EXTRA UTERINE GESTATION,

OF THE

VENTRAL KIND:

INCLUDING

THE SYMPTOMS OF THE PATIENT

FROM THE

EARLIEST PERIOD OF PREGNANCY TO THE TIME OF DEATH (FIFTEEN MONTHS);

WITH THE APPEARANCES UPON DISSECTION.

By WILLIAM TURNBULL, A.M. F.M.S.

SURGEON.

LONDON:

PRINTED FOR J. JOHNSON, N° 72, ST. PAUL'S CHURCH YARD.

1791.

A CASE, &c.

THE human body is originally ſtampt with a peculiar conformation, and alſo impreſſed with ſtrong propenſities and paſſions, principally in ſubſervience to thoſe two grand and firſt laws of creation—Self-preſervation and the generation of the ſpecies; theſe are more eſpecially diſtinguiſhable in the appetite of hunger, and the mutual attachment of the ſexes. Theſe laws are not only univerſal, but are alſo of a minutely extenſive nature, for they pervade the whole living body, ſince in every part it is endowed with a power both to reſiſt and to regenerate. The ſubject of the preſent hiſtory is an obvious illuſtration of the extent of this principle; for we have not merely an inſtance of nature's exertions for the renewal of the ſpecies, but likewiſe, on being counteracted, new reſources found out by her, to anſwer the ſame grand deſign; and we can venture to affirm, that no ſubject is better calculated to ſhew the accommodating powers of the animal machine, than theſe changes which take place in the parts concerned with the various inexplicable proceſſes of geſtation. For when we conſider, that the extremely ſmall dimenſions of the uterine cavity, the ſtill ſmaller capacities of the ovaria and fallopian tubes, being capable of ſo great an expanſion and dilatation, as to admit the progreſſive evolutions of the fœtus, from its atomic ſtate to the weight of ſeveral pounds, are circumſtances of equal aſtoniſhment, yet, beyond diſpute, are admitted as certain and neceſſary facts; and while theſe leave us in ſilent admiration at the ſtupendous effect, they lead us inſenſibly into a contemplation of the great Firſt Cauſe, whoſe incomprehenſible power and wiſdom, preſide univerſally over creation.

B The

The veil of obſcurity which nature has ſo wiſely thrown over the myſterious work of conception, has, at various periods, been productive of theories as complicated, ſyſtems as replete with intricacies, as the operations which they were intended to develop. However this deficiency of knowledge will appear, if not unimportant, at leaſt not greatly to be regretted, when, on conſideration, it is found, that, unleſs in the article of curioſity, mankind would be but little benefited, and diſeaſes incident to them would receive, in all probability, no alleviation were we in poſſeſſion of the ſecret; for which reaſon this ſubject has been regarded and treated more as an abſtruſe exerciſe for the imagination, affording an ample field for ſpeculative and controverſial diſputations, than an uſeful or medical enquiry.

Nothing can give a ſtronger ſpecimen of the extraordinary exertions, and wonderful reſources of nature, in the production and preſervation of animals, than her operations in the occurrences of extra uterine impregnations.

Theſe extra uterine caſes may be conſidered as conſiſting of two kinds—1ſt, where the fœtus is found within ſome part of the genital organs; 2dly, where the ſituation of the fœtus is unconnected with them, or external, with regard to the organs of generation. The former of theſe caſes, it is evident, may take place in the ovaria and fallopian tubes; the latter in the cavity of the abdomen. But thoſe which happen in the former are not ſo remarkable, on many accounts, as thoſe in the latter ſituation; becauſe the fœtus is abundantly ſupplied with the ſame blood-veſſels as the uterus, and therefore it probably only requires a greater enlargement of theſe veſſels already exiſting to effect a communication; but, in the pure ventral conception, parts intended for different purpoſes are made to ſupply this. Fallopian and ovarian caſes only ſhew that parts intended for the purpoſe can perform it, but ventral demonſtrate, that parts formed for different ends, will alſo ſucceed.

Although it is generally underſtood that the uterus is eſſentially neceſſary for the purpoſes of conception, yet theſe different fœtations incline us to believe, that it is not abſolutely ſo, and that the principal or only advantages, which that organ poſſeſſes over other living parts, are derived from its ſituation and dilatable powers, and from its being poſſeſſed of a muſcular ſtruc-

ture with an external opening; the former being admirably calculated for the purpoſes of growth and evolution, without any interference with the vital parts, and the latter for the prevention of hæmorrhages, and the expulſion of the fœtus.

From a careful peruſal and examination of the moſt approved authors * upon this ſubject, it appears by a variety of examples that impregnations in the ovaria and fallopian tubes are by no means to be conſidered as uncommon †.

The

* Extra uterine fœtations were not taken notice of before the beginning of the laſt century.

† Vide The Philoſophical Tranſactions of London. An. 1683. Vol. xiii. p. 285. An. 1698. Vol. xix. p. 314, 486, and 580. Vol. xx. p. 292. Vol. xxi. p. 121. An. 1700. Vol. xxii. p. 1000. An. 1704. Vol. xxiv. p. 2077. An. 1720. Vol. xxxi. p. 126. Vol. xxxii. p. 387. An. 1724. Vol. xxxiii. p. 171. An. 1727. Vol. xxxvi. p. 485. An. 1739. Vol. xli. p. 697. An. 1744. Vol. xliii. p. 304 and 529. An. 1746. Vol. xliv. p. 617. An. 1748. Vol. xlv. p. 121 and 131. An. 1751. Vol. xlvii. p. 92. Miſcellana. Natural. Curioſa; An. 1. Dec. 1. p. 255. An. 2. Dec. 11. p. 478. An. 4. Dec. 1. p. 76. —— Dec. 3. p. 167. An. 8. Dec. 11. p. 293. Memoires de l'Acad. de Sciences, An. 1709. Journal de Medicine, No. 1. Journal de Scavans. Tom. i. p. 134. —— Tom. v. p. 133. Ephemer. Act. Nat. Curioſ. Cent. 7. p. 24. Acta Erudit. Lipſ. An. 1706. p. 265. —— An. 1716. p. 526. —— An. 1718. p. 15. —— An. 1719. p. 343. —— An. 1720. p. 131. Acta Hoffminſia. Vol. v. p. 53. Zodiacus Medicus, Vol. i. Obſervat. 9. Commentar. Litterarum, Noremberg. An. 1732. Tho. Bartholine de Inſolitis partus Humani Viis. —— & Hiſtor. Anatom. Cent. 6. Epiſtol. Med. Cent. 4. Epiſt. 368. Caſpar. Bartholine de Ovar. Mulier. p. 36. Manget. Biblioth. Anatom. Andr. Ot. Goelicke Hiſtor. Chirurg. p. 186. Dan. Hoffman Annot. ad Hyp. Groeyan. p. 69. Theod. Craanen de Homine, p. 709. Joh. Riolanus, Anthrop. p. 180. Nicol. Vinetta de la Generat. de l'Homme, p. 428. Petr. Dionis des Accouchment, p. 93. Belloſte Chirurg. de l'Hoſpital. Dan. Men. Mathiæ. Obſervat. p. 106. Regn. de Graaf de Organis Mulier. p. 352. Iſbrand, de Diemerbroeck. Op. Anat. p. 135. M. Ern. Etmuller Epiſt. ad Ruſep de Ovar. &c. p. 4. Benj. Petermanus Obſervat. Medic. Cent. 2. p. 40. Ger. Blaſius Obſervat. Med. p. 66. Joh. Frid. Ortlob. Hiſtor. p. 275. Theoph. Bonetus Sepulchr. Anatom. p. 1367. Cyprianus de Hiſtor. Fœtus Humani ſalva matre ex Tuba exciſi. Stalp. Vander Wiel Obſ. rar. p. 320. Arnold. Senguerdius de Oſtento Dolano. Joh. Ben. Sinibald Geneanthropol. p. 1. Joh. Conr. Pyarus Exercitat. 16. ad Hardir. Medical Eſſays of Edinburgh. Smellie's Caſes and Obſervations; and London Medical Journal, Vol. viii. Part iv. Art. 1. A caſe of extra uterine fœtus, by Dr. Underwood. Art. 2. Obſervations on the ſame, and on ruptures of the uterus, by Dr. Garthſhore.—In this ſenſible and judicious paper, the Doctor has collected a number of hiſtories of ſuch caſes, with references to the reſpective authors from whom they were taken; but does not produce any inſtance of a true ventral conception in the remarks alluded to. A caſe of an ovarian fœtation has lately fell under the obſervation of Dr. Krohn at the

Middleſex

The references in the preceding note are replete with hiſtories of this kind, and of ruptures in the uterus. Many facts are adduced wherein the fœtus having eſcaped from ſome of theſe parts into the cavity of the abdomen, has remained in that ſituation for a number of years, and, in ſome inſtances, been retained during a long life, without any other inconvenience to the mother than the weight ariſing from the ſize of the infant. Theſe were ſometimes extracted or diſcharged in part, or entire, by abſceſſes forming in the integuments of the abdomen, or groin, and by the anus.

But the hiſtory of medicine furniſhes us with hardly an inſtance of a true ventral caſe, well authenticated from diſſection, wherein the impregnated ovum has been dropped, either from the ovary, or extremity of the fallopian tubes, into the belly of the female *, there procuring itſelf a reſidence and nouriſhment, and all this taking place without any other attachment to the uterus, or its appendages, than in common with the abdominal viſcera. Theſe laſt circumſtances have occurred in the caſe which affords the following obſervations.

I ſhall, therefore, proceed to lay before you the hiſtory of the ſymptoms from the earlieſt periods of pregnancy to the death of the patient,

Middleſex Hoſpital; this I have ſeen, but ſhall forbear taking any further notice of it, ſince I underſtand it is the Doctor's intention ſoon to bring it before the public.

In conſulting the preceding authorities I acknowledge myſelf much indebted to Dr. James Sims, the preſent worthy and learned Preſident of the Medical Society of London, for the uſe of his valuable library, which contains above 8000 volumes in medicine.

* It has been a queſtion—in what manner does the impregnated ovum find its way into the cavity of the belly? The general opinion is, that the ovum having been formed in the ovary, is afterwards detached from it in all viviparous animals in conſequence of the fruitful coitus, at the ſame time the fimbriated extremity of the fallopian tubes embraces the ovary, and ſo catches the ovum at the moment of detachment; therefore if the fallopian tube ſhould either not embrace it in the ovary, or, what is moſt probable, after having embraced, ſhould looſe its hold before the ſeparation of the ovum takes place, this laſt will neceſſarily fall into the cavity of the abdomen, where it is moſt likely to adhere. There is no difficulty in ſuppoſing how it ſhould adhere there, ſince we have reaſon to believe that the abdominal cavity is not more an extraneous one, with reſpect to the ovum, than the cavity of the uterus itſelf; or, perhaps, on the principle of two living parts coming together, they may unite in the ſame manner, as often occurs in various other parts of the body.

collected from the concurrent teſtimony of Mr. Fitch and Mr. Hancock, medical practitioners, who both occaſionally attended the greateſt part of the time; and afterwards relate the appearances on diſſection, and cloſe with a few general obſervations.

HISTORY OF SYMPTOMS.

About the beginning of March, 1790, Mr. Fitch was ſent for by Mrs. Calvert (a woman about thirty-ſeven years of age, who reſided in the City Road), ſuppoſing that ſhe was arrived at or near her full period of pregnancy, and with a view of engaging his attendance.

On entering the room he could not refrain from expreſſing his aſtoniſhment at her appearance; ſhe was extenuated almoſt to a ſkeleton, and had a pallid ſickly countenance. On examining the abdomen he found it diſtended to an enormous degree, the ſkin of which exhibited a very livid appearance, tinged with a yellow hue. Her breaſts were of a painful hardneſs, and diſcharged a butyraceous fluid, which had a much nearer reſemblance to pus than milk; her eyes were deeply ſunk within their orbits, the pulſe quick and feeble.

On making enquiries relative to the miſerable and afflicted ſituation in which he found her, ſhe informed him, that ſhe had been four times pregnant, and ſuppoſed herſelf to be in the ſame ſtate again ever ſince the beginning of July, 1789 *. At this time violent pains began to attack her bowels, which increaſed with her pregnancy, and gradually affected her ſtomach; notwithſtanding her recourſe to various medical applications, with very ſhort intervals of eaſe, her pain ſtill continued. In February, about a month, before he was called in, ſhe had been ſeized with a moſt violent paroxyſm of pain, attended with a flooding; this ſhe ſuppoſed to be her labour, and ſent for her midwife; but before ſhe arrived ſomething was expelled from the

* It is worth remarking here, that ſhe never menſtruated during her pregnancy, until between two and three months preceding her death, then in a very ſmall quantity, and at irregular periods. This is a very uncommon event in extra-uterine impregnations.

uterus,

uterus, with the appearance of a placenta, and which the midwife, on examining, declared to be ſo. Before this occurrence ſhe had felt the child very diſtinctly moving, but never to any great degree afterwards; ſhe conſtantly complained, from the firſt time ſhe perceived its motions, that it laid very high up, and that ſhe had, in every reſpect, experienced very different ſenſations from thoſe which ſhe had uſually, in any former pregnancy.

The hæmorrhage continued about four weeks from the time of its firſt appearance, until Mr. Fitch came, but not with the ſame violence.

On examining her he found the os tincæ ſo very much dilated, that with great eaſe he introduced his three fingers into the cavity of the uterus, the internal ſurface of which was found very irregular. It is worthy of remark here, that the uterus took on a particular diſpoſition for action, about the uſual period of parturition.

The abdomen, particularly on the right ſide, diſcovered conſiderable hardneſs on touching it externally, and was much diſtended in the direction of the liver, particularly upwards, and much leſs towards the lower part. She was affected alternately with diarrhœa and conſtipation, accompanied with violent and frequent vomitings, and with a painful uneaſineſs on the right hypochondrium and region of the ſtomach, which laſt felt as if ſomething was continually puſhing it up. From theſe ſymptoms, and every circumſtance which he could diſcover, he imagined that a depoſition of coagulable lymph had taken place in the cavity of the abdomen, and that irritation had excited an extraordinary action in the veſſels of the uterus, for this reaſon he conſidered that maſs to be a coagulum of lymph, which the midwife had pronounced to be placenta.

From theſe ideas he acquainted the patient and her friends, that he did not imagine her to be pregnant; and communicated his ſentiments reſpecting her ſituation, and the means moſt likely to alleviate her ſufferings:—with this view he employed ſuch medicines as would tend to promote abſorption, and began firſt by adminiſtering an emetic, and then in a day or two afterwards an active cathartic, which ſhe bore very well, notwithſtanding her emaciated ſtate, and expreſſed herſelf conſiderably relieved by theſe evacuations.

After

After theſe remedies he proceeded to uſe gentle mercurial frictions, at the ſame time giving ſmall doſes of calomel and opium: after purſuing this plan about a fortnight, he had the happineſs of ſeeing his patient very much recovered.

The abdomen on the left ſide was much leſſened; the livid complexion greatly changed, the diſcharge of blood had entirely diſappeared, and the pulſe had become fuller, ſtronger, and more regular. From ſo conſiderable an amendment, and ſuch a happy change in the ſymptoms, he flattered himſelf that the cauſe producing irritation was much diminiſhed. Soon after this he was obliged to deſiſt from the mercurial courſe, on account of a ptyaliſm ſupervening. She complained, at this period, of a painful tumour on the right breaſt, that afterwards ſuppurated and formed a very large abſceſs, which was opened and diſcharged a conſiderable quantity of matter. In every other reſpect his patient was aſtoniſhingly recovered; the abdomen on the left ſide was reduced nearly to its natural ſize, and the right alſo much diminiſhed; the livid yellow complexion nearly removed, and a more healthy florid one ſucceeded; the ſtomach too was conſiderably relieved, the ſickneſs as well as vomiting nearly ſubſided, and the appetite and ſtrength very much reſtored.

Upon the whole, ſhe was ſo far recovered as to diſcharge the nurſe and follow her domeſtic employments, but ſtill at times complained of a painful uneaſineſs on the right ſide; alſo frequently inſiſted upon her being pregnant, and that the child lay dead within her; and propoſed queſtions relative to the poſſibility of opening her body, and removing the child.

Throughout the whole time of Mr. Fitch's attendance (which was between three and four months) he was compelled to have frequent recourſe to warm aperients to obviate that coſtiveneſs and flatulency which had been exceedingly troubleſome to her.

She had now ſo much recovered as to diſpenſe with further medical attendance*, and continued in a ſtate of convaleſcence for about ſix weeks,

* In conſequence of this conſiderable amendment, Mr. Fitch ceaſed from viſiting her, after an attendance from March to the June following; and from the latter month until the middle of Auguſt ſhe enjoyed, as it is obſerved, a tolerable good ſtate of health.

and till within a month of her diſſolution, when all the ſymptoms returning, Mr. Hancock was ſent for (who had occaſionally ſeen her in the firſt periods of geſtation); he coincided with Mr. Fitch in reſpect to her ſituation, purſued a ſimilar treatment, and is acquainted with all the circumſtances related in this hiſtory.

He informed me, that during the laſt ten days of her exiſtence, the diarrhœa had entirely ceaſed, and was ſucceeded by ſuch an obſtinate conſtipation, as to reſiſt every remedy that was employed to remove it: ſhe continued without any natural paſſage, and the excrements were voided by the mouth. She complained of much pain in the head, and in the inteſtines, extending to the left groin; the pulſe became ſmall, quick, and irregular, attended with ſingultus, vomitings, and other ſymptoms of exceſſive irritation, which continued to increaſe until Friday the tenth of September, when death happily relieved her from a complicated ſtate of miſery.

APPEARANCES ON DISSECTION.

On Sunday, the 12th of September (two days ſucceeding her diſſolution), I was called in by Mr. Hancock, and Mr. Kannen, another medical practitioner, to examine the body. On applying my hand to the parietes of the abdomen, I perceived ſuch a large, hard, ſpherical body, ſituated contiguous to the liver, as made me conjecture that it was ſomething more than a ſchirroſity of that viſcus. This enlargement felt very regular, and was incapable of compreſſion.

On making an opening into the abdomen, by beginning an inciſion from the cartilago enſiformis, continuing it in a ſtraight line to the ſymphyſis of the pubes; and thus laying open the abdomen, the ſituation and appearances of the fœtus and abdominal contents were as follow.——In the right hypochondrium the fœtus was ſeated nearly in an erect poſture, the back part of its head covered by the edge of the concave ſide of the liver, puſhing it up towards the diaphragm *. The arms were bent upwards with the hands clinched and compreſſing the features of the face, which was directed obliquely towards the umbilicus of the mother †. The fœtus was ſo completely

* Pl. 1, A.

† Pl. 1, B B.

immured

immured among the inteſtines, that no other parts were perceptible but the head and hands. The convolutions of the ſmall inteſtines ſurrounded the neck of the infant in ſuch a manner as to form a kind of *ruff* *. The placenta was ſo extremely delicate and poſſeſſed ſo little of its natural characteriſtics, that, at firſt view, I conceived it to be a thin membranous ſubſtance, formed by an exudation from the ſurface of the bowels in conſequence of inflammation †, an effect that not uncommonly happens from that cauſe. This membrane, in which the veſſels were exceedingly ſmall (ſo as to render the tracing of them with the knife impracticable), did not exceed in thickneſs, one tenth of an inch, was ruptured at that part where the child's head appeared, and ſent off filaments from its reflected portions, to the peritoneum, ſtomach, liver, inteſtines, meſentery, meſo-colon, and to the abdominal parietes.

At the inferior part of this membrane there were two pouches ‡, about three inches diſtant from each other, which led to, and were ſuperficially connected with, a tumour, of which I ſhall preſently have occaſion to take notice. The inteſtines, which exhibited rather a livid appearance, were exceedingly diſtended with air, and their blood-veſſels turgid and full; in every reſpect they diſcovered the preſence of much inflammation.

A tumour, the ſize of a large orange, of a flattened pyriform figur §, was ſituated in the cavity of the pelvis immediately poſterior to the bladder, occupying the ſeat of the uterus, and entirely covering and diſplacing it in ſuch a manner, as led us to conclude it was that organ, until farther inſpection proved it to be, neither the uterus, or a diſeaſed ovarium, but a ſubſtance compoſed of innumerable cells, varying from the ſize of a pea, to that of a ſmall hazel nut, attached to the broad ligament of the left ſide.

This body received alſo a few fibres of the placenta in common with other parts. Some who ſaw this preparation have ſuggeſted, that this parenchymatous tumour, has been intended to anſwer the purpoſe of the maternal portion of the placenta, but I confeſs my difference of opinion from thoſe who imagine ſo; if this had been the caſe, there would have been ſome particular vaſcular medium, or connection, between it and the funis umbilicalis, which we have not been able to diſcover.

Having preſented to you the real appearances which the fœtus, and

* Pl. 1, H H H. † Pl. 2, E E. ‡ Pl. 2, F F. § Pl. 1, F. Pl. 2, G.

abdominal contents diſcovered on removing the integuments, I ſhall proceed to ſtate what appeared, upon a more minute examination of their relative ſituation, and connexions.

I found a conſiderable difficulty on attempting to remove the child from the cavity, which it had fortuitouſly formed among the inteſtines of the right ſide, which ſo completely fitted, and ſo cloſely applied to its body, as to occaſion the great reſiſtance which I experienced in removing it from this ſituation.

This cavity contained no fluid of any kind, was lined by, and received a poliſh from, the ſacculus or placenta, which ſeemed to originate from this part, and ſent off fimbriated portions, in the manner before mentioned, to a great part of the viſceral contents of the abdomen.

The fœtus was a female, full grown, perfectly formed, and as well nouriſhed as the healthieſt child at that period; but, according to the firſt ſymptoms of pregnancy, it was ſuppoſed to have remained in this ſituation fifteen months.

The whole body was compreſſed into numerous large folds *, and covered with a bilious incruſtation, which it received from its proximity to the gall-bladder. The legs were bent backwards upon the nates and thighs, the latter drawn up towards its belly, and reſted upon the arch of the colon, where it runs towards the liver and beneath the veſſicula fellis, having diſplaced the other inteſtines, and preſſing them in various directions. The funis umbilicalis †, which meaſured ten inches in length, was of the uſual thickneſs, until it arrived within two inches or leſs of its attachment to the placenta, where it ſuddenly became ſo ſlender as not to exceed a ſmall crow-quill in diameter, and paſſed between thoſe convolutions of the colon, and meſo-colon which were contiguous to it; at this place the veſſels of the funis were expanded, and loſt upon their ſurface ‡. The colon had ſeveral ruptures in that part where the infant was ſeated.

The ſtomach, kidneys, and liver, were nearly in a natural ſtate; the cellular ſubſtance, however, of the latter and of the right kidney was in a

* Pl. 2, A. † Pl. 2, C.

‡ The fœtus muſt have neceſſarily been ſupported by blood from the veſſels of the meſo-colon; for thoſe of the umbilical cord ran into, and anaſtomoſed with the veſſels, of that part.

ſmall

ſmall degree condenſed by compreſſion from the fœtus, which alſo had puſhed the liver up towards the diaphragm, and the kidney of the ſame ſide towards the bladder.

Having now fully examined the parts, and with the greateſt caution avoided deranging them, from a ſolicitude that my other medical friends might have an opportunity of bearing teſtimony to this extraordinary and almoſt unequalled occurrence*, I now replaced them in their former ſituation; and by

* The one which bears the ſtrongeſt analogy to this, of any I have met with, fell under the care of the late Mr. Clarke, a practitioner of great eminence in Northamptonſhire, the father of my worthy and ingenious friend Dr. Clarke, teacher of midwifery in London, who favoured me with the following hiſtory.

" Some years ago my father was ſent for to attend a woman, who, after the uſual time of nine " months, was ſeized with the pains of labour. She had paſſed through her pregnancy without any " remarkable ſymptoms which might lead to a knowledge of her ſituation, and was of the uſual bulk " of a woman at the full time. Upon examination he found the os uteri very high up, and not in " the ſmalleſt degree dilated, although there were alternate attacks and remiſſions of pain; he " therefore conſidered they muſt be owing to ſome irritation, and, having ordered for her what he " thought proper, left her. At this time the child could be felt through the parietes of the abdomen. " He was not called to her again until after the ſpace of eight days, during which time ſhe had " conſtantly been in pain; the os uteri ſtill continued in the ſame rigid ſtate. This led him to " make a more particular examination of the caſe than he had done before, when he could diſtinctly " feel that the cervix was of the ſame length as in an unimpregnated uterus, and thought that he " could diſtinguiſh the uterus not enlarged. Laying all theſe things together he was perſuaded that " the child muſt be extra uterine. He was induced from the importance of the caſe to have a " conſultation, and accordingly ſent for a Mr. Mansfield, a very eminent ſurgeon and man- " midwife at Thrapſton in Northamptonſhire.

" The woman being conſiderably exhauſted by the long continuance of the pains, and the child " being probably alive, it was determined to cut into the belly, as the only means of delivering the " child, or preſerving the mother. An inciſion was accordingly made into the abdomen, on the ſide " where the child lay, juſt enough to extract it. Unfortunately the child was found dead.

" The child being taken away, the placenta was found adhering generally to the kidneys, inteſtines, " &c. it was agreed that it ſhould alſo be brought away, which was done.

" The woman, who had already loſt much blood during the operation, loſt more on the delivery of " the placenta, and, weakened by the diſcharge, ſhe died in about four hours after the operation.

" Indeed it ſeems hardly poſſible, that, under theſe circumſtances, a woman can recover, becauſe, if " the placenta be brought away, ſhe muſt almoſt inevitably fall a ſacrifice to the conſequent flooding; " and, if the placenta be left behind, we are warranted by experience to expect that ſuch a maſs of " dead matter remaining in the cavity of the abdomen can hardly fail to produce the worſt effects."

Several

by a requeſt to the huſband, who poſſeſſed a mind ſuperior to common prejudice, I readily obtained leave to introduce on the following day, my friends Drs. Fox, Clarke, and Turnbull, Mr. Orange and Mr. Pole, with ſome other profeſſional men. The laſt of thoſe gentlemen, an ingenious ſurgeon*, politely offered to take drawings of the parts, which he afterwards did in a variety of ſituations. And for this inſtance of friendſhip I preſented him with the preparation, to add to his valuable and curious collection. In the preſence of the before-mentioned gentlemen I proceeded to a ſecond expoſure of the abdomen, and, upon re-examination, the parts were found exactly to agree with the former deſcription, both in reſpect to ſituation and connexion. On removing the contents of the cavity of the pelvis, the tumour which, on the firſt examination, was thought to be the uterus, by further inſpection was found to be that cellular ſubſtance, of which, I have had repeated occaſion to take notice.

The uterus was ſituated in the long axis of the ſuperior aperture of the pelvis, immediately under, and covered by the tumour, with its fundus directed obliquely downwards to the ſacro-ſciatic ligaments; the os tincæ was raiſed towards the left ſide; the uterus laying acroſs the pelvis in ſuch a direction, that the left ſide of its body occupied the natural ſeat of the

Several other very uſeful remarks were ſent me by the above gentleman on this caſe, but I am ſorry that the length of theſe obſervations already prevents me from inſerting them.

It is to be regretted that no opportunity was allowed after death of examining the body; upon this account it is difficult to aſcertain whether the caſe was ventral, ovarial, tubal, or whether the fœtus had eſcaped into the cavity from a rupture of the uterus. Of this dubitable nature may be ranked the caſe mentioned by Jean Joſeph Courtial, in his Nouvelles Obſervations Anatomiques ſur les Oſ. Obſ. 10, p. 86; likewiſe that related by Dr. Denman †, and communicated to him by the late profeſſor Hamilton of Glaſgow.

* A gentleman well verſed in anatomical purſuits, whoſe elegant collection of anatomical drawings, models, and preparations, evince an induſtry and ingenuity ſuperior to the generality of men, engaged in that branch of ſcience, and who has lately publiſhed a valuable work upon the art of preparing and preſerving the different parts of the human body, and of quadrupeds, including a treatiſe on modelling from the dead and living ſubject, illuſtrated with a variety of copper plates. A work hitherto much wanted in the ſchools of anatomy, and upon which ſubjects nothing comprehenſive nor ſyſtematic had been before publiſhed.

† *Vide* Denman's collection of engravings.

fundus,

fundus, and was of its uſual unimpregnated ſize *. On making an opening into its cavity ſome days after, in the preſence of Drs. Garthſhore, Lowther, Bailie, and Coombe, and Mr. Cline, Haighton, Pole, Cowper, &c. no tunica decidua could be diſcovered. The verge of the os tincæ † was rather fuller and larger than common, although it was agreed by every one preſent not morbidly. The ovaria ‡ on both ſides were very diſtinct, and the right one was puſhed down conſiderably into the cavity of the pelvis by the obliquity of the uterus. The corpus luteum was found in the left ovarium, which, together with the fallopian tube of the ſame ſide, took a poſterior direction along the ſurface of the tumour §, to which they had but a very ſlight attachment.

OBSERVATIONS.

Having given as clear and accurate a relation of the hiſtory of the ſymptoms, as could be collected from the gentlemen who attended, together with the appearances on diſſection, I ſhall beg leave to add a few remarks, and point out thoſe phænomena that may aſſiſt in forming ſome diſtinguiſhing criteria to aſcertain the uterine from extra uterine geſtation.

The appearances on diſſection furniſh us with clear conceptions, of the ſufferings of the poor woman, during her tedious and painful pregnancy. Some portions of the inteſtines being puſhed down, and others preſſed in different directions, account for thoſe violent pains which attacked her bowels, during the firſt ſtages of geſtation, and which gradually affected the ſtomach, and produced the ſenſation of ſomething continually puſhing up that viſcus; and likewiſe ſatisfactorily account for the alternate diarrhœas, and obſtinate conſtipations, accompanied with violent and almoſt conſtant vomitings, of which ſhe ſo often complained.

The diſtended and inflated ſtate of the inteſtines, with general compreſſion of the viſcera, gradually increaſing to a great degree, on parts ſo extremely ſenſible, and poſſeſſed of excited irritability, nothing leſs was to be expected, than a derangement of their œconomy, and a perverſion of their natural functions.

* Pl. 3, G. † Pl. 3, H. ‡ Pl. 3, L M. § Pl. 3, I.

The

The hæmorrhagy from the uterus, which occurred in the eighth, and continued until the ninth month of her pregnancy, and alſo that organ being ſo much enlarged, and the os tincæ ſo greatly dilated as to admit the introduction of three fingers, are circumſtances in this, as well as in every other ſpecies of extra uterine impregnations, that may be regarded as uncommon. For, admitting it to be, the generally received opinion, that the uterus, in thoſe caſes, ſuffers an enlargement nearly in the ſame proportion as if the fœtus and involucra were contained within it, yet commonly the os internum remains as cloſe and contracted, as in the unimpregnated ſtate *.

The increaſed bulk of the uterus from direct communication and the natural ſympathy of parts may therefore be expected in ovarian and tubal caſes, but not ſo much in the ventral conception, although it happened in this inſtance. Since in the latter there is no immediate connexion with the genital ſyſtem, nor alteration in the ſtructure of the womb to be expected, from a want of an immediate or particular connexion and natural ſympathy, ſimilar to the other caſes.

It has been obſerved that the colon, near the part where the fœtus was ſituated, had ſeveral ulcerated apertures.—Do not theſe ulcerations indicate that Nature was beginning a work for the removal of this extraneous body, and that the very operation to produce this effect (in which ſhe failed) was the cauſe of the woman's death?

This ſuggeſtion is further ſtrengthened by the conſiderable marks of inflammation that were apparent in the inteſtines and peritoneum. Had theſe ulcerations of the colon been ſubſequent to the diſſolution of the fœtus, Nature probably might have ſucceeded in her attempts, by removing the child piecemeal through the medium of the rectum, or by abceſſes forming in the abdomen; and although this operation might have taken up for its accom-

* There are ſeveral inſtances of this increaſed ſize of the uterus, without its containing the ovum, ariſing from the additional quantity of fluids tranſmitted to it. In the ovarian caſe at the Middleſex Hoſpital, the uterus was conſiderably enlarged. Boehmerus, in his Obſervat. Anatom. Rarior. was the firſt (and not Dr. Wm. Hunter, as has been erroneouſly conceived) who obſerved that although the fœtus be extra uterine, yet the cavity of the uterus ſuffers thoſe peculiar changes which render it fit for the reception of the ovum.

pliſhment a ſeries of years, yet, at laſt, ſhe might have ſurvived a complete evacuation of the fœtal parts.

Several examples in illuſtration of this, have been quoted in a former part of this hiſtory *; and many caſes recorded where the infant has burſt either from the ovaria, the fallopian tubes, or from ruptured uteri, has fallen into the cavity of the abdomen, and remained there for a number of years, being at laſt diſcharged by the inteſtines, or by abſceſſes.

The diſcoloured ſkin changing to a more natural and healthy appearance, the ſubſidence of the pain in the ſtomach and bowels, the return of ſtrength and appetite, and the diminiſhed volume of the abdomen, particularly the latter after the adminiſtration of mercury, incline us to believe, that there muſt have been a conſiderable quantity of fluid in the ſacculus, containing the child, which by theſe means had been abſorbed †. The collection of matter in the right breaſt, at the time of a ptyaliſm from the mercurial courſe, was ſubſequent to the formation of that purulent fluid, which was diſcharged from the nipples of both breaſts.

It were much to be wiſhed that we could point out ſome leading criteria to enable us to diſtinguiſh accurately when the child is contained within the abdomen; although this is hardly to be expected from a ſingle caſe, I ſhall mention what has occurred to me upon the diagnoſis.

Notwithſtanding there is ſuppoſed to be three different ſpecies of extra uterine conceptions, the ſymptoms and effects reſulting from theſe, are nearly ſimilar to thoſe, which occur in ordinary pregnancy; hence it becomes a very difficult matter to diſtinguiſh between them; particularly before the fourth or fifth month, ſince the motions of the child are not commonly felt before theſe periods; afterward, it may be more readily diſcovered, eſpecially if attended at the ſame time with ſymptoms, which are not common in natural geſtation.

We are informed by authors that, in conceptions of the ovaria and fallopian tubes, the menſtrua are obſtructed, but that in pure ventral caſes they

* Vide Note, p. 7.

† While this circumſtance proves that water had exiſted within the bag, at the ſame time it evinces the eminent and well known powers which mercury poſſeſſes in producing abſorption, and exciting an increaſed action in that ſyſtem of veſſels.

are

are not, but will rather appear at regular periods, as in the unimpregnated ſtate; and alſo that in the latter the ſtomach is not affected with ſickneſs or vomiting, neither are the breaſts excited by the natural ſympathy to ſecrete milk; although in the former caſes, that fluid is generally ſecreted in the ſame proportion as in the uterine impregnation.

If fœtation occurs either in the ovaria, or in the fallopian tubes, I ſuſpect a part of the abdomen only will be tumefied, that which inclines towards the ileum, rather than the hypogaſtric region, and the ſwelling in ſuch caſes is moſt to be depended upon in the early months of pregnancy, ſince at that time it is confined to one ſide, and cannot poſſibly extend to the other. But, in the more advanced ſtages, this is not ſo evident, becauſe of the ovaria and fallopian tubes being incapable of admitting of further dilatation after the fourth or ſixth month *, the parts conſequently give way to the bulk and preſſure of the infant, and it falls thence into the cavity of the abdomen, where it ſoon periſhes, and becomes hard or putrid. But if the child is formed and developed within the abdomen, the circumſcribed elevation will be chiefly confined to the umbilical, or to one of the hypochondriac regions, as in the foregoing caſe it was laying in the right. In this ſituation of the fœtus, it will naturally follow, that the mother will complain of pain, an unuſual weight, and general uneaſineſs throughout the whole abdomen.

Theſe ſymptoms may be expected to ſucceed when its offices are impeded and diſturbed by the preſence of a foreign body, whoſe motions will be more extenſive and leſs conſtrained than in ovarian and tubal caſes, where the ſituation of the child, on the contrary, is conſiderably more limited and confined; and we ſhall likewiſe be able to judge by its limbs and parts being more readily diſtinguiſhed through the abdominal covering. But the moſt certain diagnoſtic will be at the end of the period of natural geſtation, when pains appear without being felt at the bottom of the loins, or bearing towards the anus, and without regularity or duration; the os tincæ moſt probably remaining undilated, and the membranes not preſenting with the abſence of the other uſual ſymptoms of labour.

* Inſtances are recorded where the fœtus has been contained in the ovaria and fallopian tubes till the full period of geſtation. But theſe are extremely uncommon. Vide Haller, Le Roux obſervat: ſur les Pertes de Sang, & Baudoloque l'Art de Accouchment.

After

After having diſcovered that the child is lying in the cavity of the abdomen, would it be more adviſable to leave the work ſolely to Nature, or to attempt delivery by inciſion, and extracting the fœtus before Nature has made efforts to relieve herſelf? Inſtances may occur where the former plan will be preferable, and others, where the mother would have no chance of ſurviving without an operation. It would always be improper to attempt an operation of this conſequence, whilſt there are no dangerous ſymptoms, ſince caſes are recorded, where patients have continued in that ſituation from twenty to forty years, without ſuffering much pain or inconvenience. On the other hand, when the pain is exceſſive, the preſſure and gravitation of the infant become grievous; a ſmall, quick, irregular pulſe, reſtleſſneſs, other ſigns of great irritation, and jaundice, ſupervening, there can be no hopes of recovery without an operation, which certainly is calculated to give a chance to both mother and child. The diſagreeable, and too often fatal effects, attending the Cæſarian ſection *, and the dread of a profuſe hæmorrhagy following the ſeparation of the placenta from parts not capable of contracting, has intimidated thoſe, who have met with extra uterine caſes, from performing the operation †.

For performing the operation there is a period of neceſſity, and another of election; the firſt of theſe I have juſt been adverting to, as being obliged to have recourſe to when the ſymptoms aſſume an alarming appearance, and the latter applies to that period where Nature makes ſome efforts for the expulſion of the fœtal parts by abſceſſes forming in the abdomen. Theſe laſt generally preſage favourable conſequences to an operation, which is not much more than an anticipation of that wound which would be formed by an abſceſs.

* Although the Cæſarian ſection is a dangerous operation, and has not been accompanied with the ſame fortunate iſſue in Great Britain as upon the continent, ſtill a ſimple inciſion through the parietes of the abdomen is by no means of ſuch ſerious conſequence, as when we are obliged to make another, into the ſubſtance of the uterus, and expoſing a ſecond cavity to the action of the atmoſpheric air. It is more than probable, that greater miſchief is produced in theſe operations from the admiſſion of this fluid, than the mere diviſion of parts.

† Dr. Clarke's caſe, which I have related, is an inſtance of the great danger of thoſe hæmorrhages.

It may be argued againſt extracting the after-birth, that the danger is by no means equal to the riſk which the woman muſt be expoſed to, if it is permitted to remain and to detach itſelf. Since death muſt neceſſarily follow, from ſuppuration and gangrene taking place upon the ſpontaneous ſeparation, therefore its extraction along with the child ought always to be attempted. On the contrary, my firm opinion is, that the ſeparation and expulſion of the placenta ſhould always be left to Nature, for the extraction will be generally fatal from the hæmorrhagy following it, beſides the firm and extenſive adheſions which it frequently forms with a part, or the whole of the viſceral contents (as happened in the caſe of Mrs. Calvert, where it adhered univerſally to the abdomen, and almoſt every contained viſcus), would render its removal totally impracticable to the operator, and highly dangerous to the patient.

When it is found neceſſary to have recourſe to the operation, I ſhould propoſe it to be performed after the following manner: viz. a longitudinal inciſion ſhould be made in the direction of the abdominal tumor, beginning ſuperiorly at the moſt prominent part, and not continuing it far until the ſituation of the child be diſcovered; becauſe, as has occurred in the preſent caſe, the head may immediately preſent, and the child be readily extracted without a very large inciſion. It is hardly neceſſary to obſerve, that we would always divide the lateral or the muſcular, in preference to the middle or tendinous part, of the abdominal covering. After having made a ſufficient aperture, the child ſhould be removed by ſlow and cautious means, afterwards dividing and tying the umbilical cord as in a natural labour, and leaving the maternal part of it hanging out of the wound, which may be daily pulled at, in a gentle manner, until the placenta ſhall be gradually ſeparated, by which means the external wound will be prevented from healing until the time that the placenta, or every detached portion of it, can be removed *, and which alſo will afford an opportunity of uſing emollient

* I have not as yet experienced any miſchief from allowing the placenta to remain in uterine caſes; but I have often been a witneſs to much injury being done, in precipitating its expulſion by the raſh introduction of the hand for the purpoſe of tearing and extracting this ſubſtance from the extremely tender and irritable interior ſurface of the uterus. It is a ſtanding and invariable rule with me, and a wiſh

emollient and other injections, as relaxants, and to keep the cavity free from putrid and other extraneous matter.

Thus, while I have endeavoured to lay before you the hiſtory of this uncommon caſe, I am not inſenſible of the many inaccuracies with which it in every page abounds, yet I truſt that ſame liberal conduct, that ſame candid diſpoſition, which have always in an eminent degree actuated the minds of thoſe Gentlemen who compoſe the Medical Society of London, will now operate in framing an apology for theſe deficiences, and accept it as a mark of eſteem, and as a recital of facts authenticated by many of its members, and others of the firſt profeſſional reputation *.

wiſh I expreſſed to the midwives employed in the Eastern Dispensary, that they ſhould uſe the gentleſt efforts in delivering the after-birth; if theſe did not ſucceed, to leave its ſeparation to nature. And in the courſe of the five years I have been ſurgeon to that inſtitution there has not been a leſs number than 1500 women delivered, and I can honeſtly declare, during that period, neither in private nor public practice, have I experienced any inconvenience from its retention; although in ſome inſtances it has been retained two, three, or even four days, before it has entirely been expelled.

* Doctors Lettſome, James Sims, Saunders, Oſborne, and Marſhall, Meſſrs. Hunter, Cruikſhanks, Blizard, &c.

THE END.

EXPLANATION OF THE PLATES.

PLATE I.

Repreſenting, in nearly a ſide view, the appearances which preſented upon firſt opening the body of the woman, with the child in ſitu.

A The head of the child above the convolutions of the inteſtines.

B B The hands of the child placed over its face.

C A portion of the liver.

D The ſtomach.

E The omentum.

F The tumour ſituated in the broad ligament on the left ſide of the womb.

G The urinary bladder.

H H H H H H H H H H H Various convolutions of the inteſtines.

PLATE II.

Nearly a front view of the body, ſhowing the fœtus removed from its natural ſituation, exhibiting the internal ſurface of the ſacculus which contained it, &c.

A The right ſide of the fœtus, with large folds in the back and ſide, ariſing from preſſure of the ſurrounding viſcera.

B The back part of the head, preſſed into folds in the ſame manner as the back.

C The funis.

D The termination of the funis in the ſacculus, near the part where it was ruptured.

E E The ſacculus, or placenta, which contained the fœtus, and was ruptured previous to the body being opened.

F F The blind pouches in the middle of the ſacculus.

G The tumour in the broad ligament on the left ſide, appearing like a contracted uterus after delivery.

H The urinary bladder.

I Symphyſis pubis.

K K K K K K Various convolutions of the inteſtines.

L The liver.

M The ſtomach.

N The omentum.

PLATE III.

Shows (upon a larger ſcale) the left ſide of the fœtus, with a poſterior view of the organs of generation, and other parts concerned, as they are preſerved in the Muſeum of T. Pole.

A The child compreſſed in numerous folds.

B A large depreſſion made by the child's arm.

C A large projecting ridge in the ſcalp, occaſioned by preſſure.

D D The funis.

E The ſole of the left foot turned outwards.

F The ſole of the right foot turned toward the left.

G The womb of its natural ſize.

H The mouth of the womb rather enlarged.

I The right Fallopian tube.

K The left Fallopian tube.

L The right ovarium.

M The left ovarium.

N The right round ligament.

O The left round ligament.

P The vagina.

Q The clitoris.

R R Nymphæ.

S The orifice of the urethra.

T Part of the urinary bladder.

V V The large tumour in the broad ligament.

W W The poſterior ſurface of the ſac, or placenta, giving off vaſcular filaments to the abdominal viſcera in general, as a medium of connection for the ſupport of the child.

X X X Convolutions of the colon, to which the ſac, or placenta, was attached, together with the meſocolon.

Y A portion of the meſentery, from which the inteſtines are removed, in order to ſhew the poſterior ſurface of the ſacculus.